CONTAINS NO CBI



Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89

90-890000 343 SEPA-OTS 000622368R



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Comprehensive Assessment Information Rule REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460

Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt:

Document
Control Number:

Docket Number:

		SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION			
PART	A	GENERAL REPORTING INFORMATION			
1.01	Th	is Comprehensive Assessment Information Rule (CAIR) Reporting Form has been			
<u>CBI</u>	co	mpleted in response to the <u>Federal Register Notice of $[1]2]2]2]2]2]8]8]$</u>			
[_]	a.	If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal			
		Register, list the CAS No $[0]\overline{2}\overline{3}\overline{4}\overline{3}\overline{4}\overline{3}\overline{7}\overline{1}\overline{1}\overline{1}\overline{6}\overline{2}\overline{2}\overline{5}$			
	b.	If a chemical substance CAS No. is not provided in the <u>Federal Register</u> , list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the <u>Federal Register</u> .			
		(i) Chemical name as listed in the rule N/A			
		(ii) Name of mixture as listed in the rule N/A			
		(iii) Trade name as listed in the rule N/A			
	c.	If a chemical category is provided in the <u>Federal Register</u> , report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.			
		Name of category as listed in the rule N/A			
		CAS No. of chemical substance $\dots N/A$ $[]]]]]]]]]] - []]] - []]$			
		Name of chemical substance N/A			
1.02	Ide	entify your reporting status under CAIR by circling the appropriate response(s).			
<u>CBI</u>	Mai	nufacturer 1			
[_]	Imp	oorter 2			
	Processor				
	X/I	P manufacturer reporting for customer who is a processor			
	X/I	Processor reporting for customer who is a processor			
	 				
[_]	Mark	(X) this box if you attach a continuation sheet.			

1.03	Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice? Yes					
CBI						
[_]						
	No	. [] Go to question 1.0				
1.04 CBI	under a trade name(s) different than that listed in the Circle the appropriate response.					
	Yes					
	No	· · · · · · · · · · · · · · · · · · ·				
	b. Check the appropriate box below:					
	[] You have chosen to notify your customers of their	r reporting obligations				
	Provide the trade name(s) N/A					
	[] You have chosen to report for your customers [] You have submitted the trade name(s) to EPA one of date of the rule in the Federal Register Notice reporting.					
1.05 CBI	5 If you buy a trade name product and are reporting because y reporting requirements by your trade name supplier, provide MONDUR TD-80; VORANATE Trade name	e that trade name. (R) T-80 TYPE I				
[_]						
		-				
	Yes					
	No	······································				
1.06	6 Certification The person who is responsible for the comp sign the certification statement below:	pletion of this form must				
<u>CBI</u> [<u> </u>]	"I hereby certify that, to the best of my knowledge and bel entered on this form is complete and accurate."	ief, all information				
	c. w. smith	6/8/89				
	NAME SIGNATURE	DATE SIGNED				
	PLANT MANAGER (901) 686-1574 TITLE TELEPHONE NO.					
	Mark (X) this box if you attach a continuation sheet.					
ı						

<u>CBI</u>	within the past 3 years, and for the time period specific are required to complete second required but not previous submissions along with your "I hereby certify that, to the information which I have not to EPA within the past 3 year period specified in the rule	d in the rule, then sign of tion 1 of this CAIR form a sly submitted. Provide a Section 1 submission. he best of my knowledge ar included in this CAIR Rep rs and is current, accurat	the certification below. You and provide any information copy of any previous
	N/A NAME	N/A SIGNATUR	N/A DATE SIGNED
	N/A TITLE	() TELEPHONE N	N/A
<u>CBI</u>	those confidentiality claims	mater year nave apperted.	
	"My company has taken measure and it will continue to take been, reasonably ascertainab- using legitimate means (other a judicial or quasi-judicial information is not publicly a would cause substantial harm	these measures; the infor le by other persons (other r than discovery based on proceeding) without my co available elsewhere; and d	mation is not, and has not than government bodies) by a showing of special need in mpany's consent; the isclosure of the information
	and it will continue to take been, reasonably ascertainable using legitimate means (other a judicial or quasi-judicial information is not publicly a would cause substantial harm	these measures; the infor le by other persons (other than discovery based on proceeding) without my convailable elsewhere; and do to my company's competiti	mation is not, and has not than government bodies) by a showing of special need in mpany's consent; the isclosure of the information ve position."
	and it will continue to take been, reasonably ascertainable using legitimate means (other a judicial or quasi-judicial information is not publicly a	these measures; the infor le by other persons (other r than discovery based on proceeding) without my co available elsewhere; and d	mation is not, and has not than government bodies) by a showing of special need in mpany's consent; the isclosure of the information ve position." N/A
	and it will continue to take been, reasonably ascertainable using legitimate means (other a judicial or quasi-judicial information is not publicly awould cause substantial harm N/A NAME	these measures; the infor le by other persons (other than discovery based on proceeding) without my convailable elsewhere; and do to my company's competiti	mation is not, and has not than government bodies) by a showing of special need in mpany's consent; the isclosure of the information ve position."
	and it will continue to take been, reasonably ascertainable using legitimate means (other a judicial or quasi-judicial information is not publicly awould cause substantial harm	these measures; the infor le by other persons (other than discovery based on proceeding) without my convailable elsewhere; and do to my company's competiti	mation is not, and has not than government bodies) by a showing of special need in mpany's consent; the isclosure of the information ve position." N/A DATE SIGNED

PART	B CORPORATE DATA
1.09	Facility Identification FOAMEX
CBI	Name $[F]O]A]M]E]X]]P]R]O]D]U]C]T]S]]]]N]C]]]]]]$
[_]	Address [K]E]F]A]U]V]E]R] R]O A]D]]]]]]]]]]]]]]]]]
	[M] I] L] A] N]]]]]]]]]]]]]]]]
	$\begin{bmatrix} \frac{1}{T} \end{bmatrix} \frac{N}{N} \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{8} \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{8} \begin{bmatrix} \frac{1}{3} \end{bmatrix} - \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{N} \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{8} \begin{bmatrix} \frac{1}{3} \end{bmatrix} = \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{8} \begin{bmatrix} \frac{1}{3} \end{bmatrix} = \begin{bmatrix} \frac{1}{3} \end{bmatrix} \frac{1}{8} \begin{bmatrix} \frac{1}{3} \end{bmatrix} = $
	Dun & Bradstreet Number $\dots [\underline{1}]\underline{1}-[\underline{2}]\underline{6}]\underline{0}-[\underline{0}]\underline{9}]\underline{9}]\underline{4}$
	EPA ID Number
	Employer ID Number $ \underline{0} [\underline{5}] \underline{0}] \underline{4}] \underline{0}] \underline{7}] \underline{6}] \underline{9}] \underline{0}]$
	Primary Standard Industrial Classification (SIC) Code
	Other SIC Code[]]]
	Other SIC Code
1.10	Company Headquarters Identification
<u>CBI</u>	Name $[\overline{F}]\overline{O}]\overline{A}]\overline{M}]\overline{E}]\overline{X}]\underline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline{D}\overline$
	[E]A]S]T] [P]R]O]V]I]D]E]N[C]E] []]]]]]]]]]]]]]]]]]
	$\begin{bmatrix} \overline{R} \\ \overline{L} \end{bmatrix} \begin{bmatrix} \overline{0} \\ \overline{2} \end{bmatrix} = \begin{bmatrix} \overline{1} \\ \overline$
	Dun & Bradstreet Number
	Employer ID Number
[_] !	Mark (X) this box if you attach a continuation sheet.

1.11	Parent Company Identification
<u>CBI</u>	Name [K N O L L] N T L H O L D I N G S I N C Address [1 5 3 E A S T 5 3 R D S T R E E T
	[S]U] <u>I]T]E]]5]9]0]0]]]]]N]E]W]]]Y]O]R]K]]]]]]]]</u>
	$\begin{bmatrix} \overline{N} \end{bmatrix} \overline{Y} $ $\begin{bmatrix} \overline{1} \end{bmatrix} \overline{0} $ $\begin{bmatrix} \overline{0} \end{bmatrix} \overline{0} $ $\begin{bmatrix} \overline{2} \end{bmatrix} \overline{2} $ $\begin{bmatrix} \overline{-1} \end{bmatrix} \overline{0} $ $\begin{bmatrix} \overline{1} \end{bmatrix} \overline{0} $
	Dun & Bradstreet Number $\dots [\overline{0}]\overline{5}]-[\overline{6}]\overline{3}]\overline{4}]-[\overline{1}]\overline{6}]\overline{0}]\overline{5}$
1.12	Technical Contact
<u>CBI</u>	Name $[R]O]B]E]R]T]]C]]M]C]G]U]I]R]E]]]]]]]]]]]]]]]]]] $
(1	Title $[T]E]C]H]N]I]C]A]L]]S]E]R]V]I]C]E]]M]A]N]A]G]E]R]VAddress [K]E]F]A]U]V]E]R]]]R]O]A]D][]]]]]]]]]]]]]]]]]]]]]]]]$
	[M]I]L]A]N]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_
	$\begin{bmatrix} \overline{T} \\ \overline{N} \end{bmatrix}$ $\begin{bmatrix} \overline{3} \\ \overline{8} \end{bmatrix}$ $\begin{bmatrix} \overline{3} \\ \overline{2} \end{bmatrix}$ $\begin{bmatrix} \overline{8} \\ \overline{2} \end{bmatrix}$ $\begin{bmatrix} \overline{-1} \\ \overline{-1} \end{bmatrix}$
	Telephone Number $[\underline{9}]\underline{0}]\underline{1}]-[\underline{6}]\underline{8}]\underline{6}]-[\underline{1}]\underline{5}]\underline{7}]\underline{4}$
1.13	This reporting year is from $[\overline{0}]\overline{1}$ $[\overline{8}]\overline{8}$ to $[\overline{1}]\overline{2}$ $[\overline{8}]\overline{8}$ Mo. $[\overline{4}]\overline{8}$
	ark (X) this box if you attach a continuation sheet.

		_
1.14	Facility Acquired If you purchased this facility during the reporting year, provide the following information about the seller:	
<u>CBI</u>	Name of Seller [_]_]_]_]_]_]_]_]_]_]_]_]_]	N
[_]	Mailing Address [_]_]_]_]_]_]_]_]_]_]_]]]]]]]]]]]]]]]	N
	[_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]	N
	[_]_] [_]_]_][_]_]_]_] State Zip	N
	Employer ID Number	
	Date of Sale	
	Contact Person [_]_]_]_]_]_]_]_]_]_]_]_]_]_]	N,
	Telephone Number	
1.15	Facility Sold If you sold this facility during the reporting year, provide the following information about the buyer:	
<u>CBI</u>	Name of Buyer [_]_]_]_]_]_]_]]]]]]]]]]]]]]]]]]	N,
[_]	Mailing Address [_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]	N,
	[_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]	N,
	[_]_] [_]_]_]_]_]]_]_]_]_] State	N,
	Employer ID Number	
	Date of Purchase	
	Contact Person [_]_]_]_]_]_]_]_]_]_]_]_]_]_]	N.
	Telephone Number	,
	Mark (X) this box if you attach a continuation shoot	
	Mark (X) this box if you attach a continuation sheet.	

1.16 CBI	For each classification listed below, state the quantity of the liste was manufactured, imported, or processed at your facility during the		
<u></u> []	Classification	Quantity (kg/yr)	
	Manufactured	N/A	
	Imported	<u>N/A</u>	
	Processed (include quantity repackaged)	· 4,843,447	
	Of that quantity manufactured or imported, report that quantity:		
	In storage at the beginning of the reporting year	. N/A	
	For on-site use or processing	·N/A	
	For direct commercial distribution (including export)	·N/A	
	In storage at the end of the reporting year	. <u>N/A</u>	
	Of that quantity processed, report that quantity:		
	In storage at the beginning of the reporting year	135,671	
	Processed as a reactant (chemical producer)	· <u>N/A</u>	
	Processed as a formulation component (mixture producer)	· <u>151,236</u>	
	Processed as an article component (article producer)	. 4,692,211	
	Repackaged (including export)	·N/A	
	In storage at the end of the reporting year	78,327	
	Mark (X) this box if you attach a continuation sheet.		

or a c	component of a mixture,	tance on which you are req provide the following info mposition is variable, rep ll formulations.)	rmation for each	component	
_]	Component Name	Supplier Name	Compositio (specify	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)	
	N.A.	N.A.	N.	Α.	
			Total	100%	
			Total	100%	

2.04	State the quantity of the listed substance that your facility manufactured, imported or processed during the 3 corporate fiscal years preceding the reporting year in descending order.	·d,
CBI		
[_]	Year ending $[\overline{\underline{1}}]\overline{\underline{2}}$ $[\overline{\underline{8}}]\overline{\underline{7}}$ Mo. Year	
	Quantity manufactured	kg
	Quantity imported	kg
	Quantity processed	kg
	Year ending $[\overline{1}]\overline{2}$] $[\overline{8}]\overline{6}$ Mo. Year	- - -
	Quantity manufactured	kg
	Quantity imported	kg
	Quantity processed	kg
)	Year ending $[\overline{1}]\overline{2}$] $[\overline{8}]\overline{9}$ Mo. Year	- 5] r
	Quantity manufactured	kg
	Quantity imported	kg
	Quantity processed	kg
2.05 CBI	Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.	_
[_]	Continuous process	1
	Semicontinuous processN/A	2
	Batch process	3
)	Mark (X) this box if you attach a continuation sheet.	_
f]	nair (n) this box if you attach a continuation sneet.	

2.06 CBI	Specify the manner in appropriate process t		the listed substance.	Circle all
[_]	Continuous process .			
	-			
	Semicontinuous process			_
	Batch process			· · · · · · · · · · · · · · · · · · ·
2.07 <u>CBI</u>	State your facility's substance. (If you as question.)			
[_]	w e			
	Manufacturing capacity			
	Processing capacity			kg/yr
2.08 CBI	If you intend to incremanufactured, imported year, estimate the indivolume.	l, or processed at any	time after your curr	ent corporate fiscal
[_]		Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
	Amount of increase	N/A	N/A	U.K.
	Amount of decrease	N/A	N/A	U.K.
)				
	W 1 (7) 11 1 1 1 1			
r1	Mark (X) this box if y	ou attach a continuat	ion sheet.	

2.09	listed substanc	argest volume manufacturing or processing proce e, specify the number of days you manufactured g the reporting year. Also specify the average s type was operated. (If only one or two opera	or processed number of h	l the listed lours per
<u>CBI</u>			Days/Year	Average Hours/Day
	Process Type #1	(The process type involving the largest quantity of the listed substance.)		
		Manufactured	N/A	N/A
		Processed	255	4.2
	Process Type #2	(The process type involving the 2nd largest quantity of the listed substance.)		
		Manufactured	_N/A	N/A
		Processed	_231	16.02
	Process Type #3	(The process type involving the 3rd largest quantity of the listed substance.)		
		Manufactured	N/A	N/A
		Processed	N/A	N/A
2.10 <u>CBI</u> []	substance that chemical. Maximum daily in	um daily inventory and average monthly inventor was stored on-site during the reporting year in inventory	the form of	
<u></u>	Mark (X) this bo	ox if you attach a continuation sheet.		

2.11 <u>CBI</u>	Related Product Types List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).						
[_]	CAS No.	Chemical Name	Byproduct, Coproduct or Impurity ¹	Concentration (%) (specify ± % precision)	Source of By- products, Co- products, or Impurities		
	U.K.	U.K.	U.K	U.K.	U.K.		
	<pre>1 Use the follo B = Byproduct C = Coproduct I = Impurity</pre>		byproduct, copro	duct, or impurity	':		

 $[\ \]$ Mark (X) this box if you attach a continuation sheet.

a.	b. % of Quantity Manufactured,	c. % of Quantity	d.
Product Types ¹	Imported, or Processed	Used Captively On-Site	Type of End-Users ²
В	96.88%	100	N/A
K	3.12%	100	N/A
 Use the following code A = Solvent B = Synthetic reactant C = Catalyst/Initiator Sensitizer D = Inhibitor/Stabiliz Antioxidant E = Analytical reagent F = Chelator/Coagulant G = Cleanser/Detergent H = Lubricant/Friction agent I = Surfactant/Emulsif J = Flame retardant K = Coating/Binder/Adh	c/Accelerator/ eer/Scavenger/ c/Sequestrant c/Degreaser modifier/Antiwear	L = Moldable/Castable M = Plasticizer N = Dye/Pigment/Colo O = Photographic/Repand additives P = Electrodepositio Q = Fuel and fuel ac R = Explosive chemic S = Fragrance/Flavor T = Pollution contro U = Functional fluid V = Metal alloy and W = Rheological mode	on/Plating chemicals dditives cals and additives c chemicals ol chemicals ds and additives additives
² Use the following code I = Industrial CM = Commercial	CS = Cons		

<u>CBI</u>	Expected Product Types import, or process usin corporate fiscal year. import, or process for substance used during tused captively on-site types of end-users for explanation and an exam	for each use, spe each use as a perc he reporting year. as a percentage of each product type.	ance at any time after cify the quantity you entage of the total vo Also list the quanti the value listed unde	your current expect to manufacture plume of listed ty of listed substancer column b., and the
	a.	b.	c.	d.
	Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
	В	100%	100%	N/A
	КК	100%	100%	N/A
	1			
	<pre>1 Use the following code A = Solvent B = Synthetic reactant C = Catalyst/Initiator Sensitizer D = Inhibitor/Stabilize Antioxidant E = Analytical reagent F = Chelator/Coagulant G = Cleanser/Detergent H = Lubricant/Friction</pre>	/Accelerator/ er/Scavenger/ /Sequestrant /Degreaser	L = Moldable/Castable M = Plasticizer	n/Plating chemicals ditives als and additives chemicals l chemicals
	agent I = Surfactant/Emulsif: J = Flame retardant K = Coating/Binder/Adhe 2 Use the following codes	esive and additives	<pre>V = Metal alloy and a W = Rheological modif X = Other (specify)</pre>	

a.	b.	c. Average % Composition of	d.
Product Type ¹	Final Product's Physical Form ²	Listed Substance in Final Product	Type of End-Users
N/A	N/A	N/A	N/A
agent I = Surfactant/Emuls J = Flame retardant	ant tor/Accelerator/ lizer/Scavenger/ ent ant/Sequestrant ent/Degreaser on modifier/Antiwear	L = Moldable/Castable M = Plasticizer N = Dye/Pigment/Color O = Photographic/Reprand additives P = Electrodeposition Q = Fuel and fuel add R = Explosive chemica S = Fragrance/Flavor	cant/Ink and add cographic chemic n/Plating chemic ditives als and additive chemicals chemicals chemicals and additives
² Use the following co A = Gas B = Liquid C = Aqueous solution D = Paste E = Slurry F1 = Powder	F2 = Cry F3 = Gra F4 = Oth G = Gel	er solid	al form:
³ Use the following co I = Industrial CM = Commercial	CS = Con		

2.15 CBI		le all applicable modes of transportation used to deliver ed substance to off-site customers.	bulk shipments o	f the
[_]	Truc	k	• • • • • • • • • • • • • • • • • • • •	1
	Rail	car	• • • • • • • • • • • • • • • • • • • •	2
	Barge	e, Vessel	• • • • • • • • • • • • • • • • • • • •	3
	Pipe:	lineN/A	• • • • • • • • • • • • • • • • • • • •	4
	Plane	e	• • • • • • • • • • • • • • • • • • • •	5
	0the	r (specify) N/A	• • • • • • • • • • • • • • • • •	6
2.16 <u>CBI</u> []	or proof er	omer Use Estimate the quantity of the listed substance repared by your customers during the reporting year for used use listed (i-iv). Gory of End Use	used by your custese under each cate	tomers egory
	i.	Industrial Products		
		Chemical or mixture	N/A	kg/yr
		Article	N/A	- kg/yr
	ii.	Commercial Products		-
		Chemical or mixture	N/A	kg/yr
		Article	N/A	_ kg/yr
	iii.	Consumer Products		
		Chemical or mixture	N/A	kg/yr
		Article	N/A	kg/yr
	iv.	<u>Other</u>		
		Distribution (excluding export)	N/A	kg/yr
		Export	N/A	kg/yr
		Quantity of substance consumed as reactant	N/A	kg/yr
		Unknown customer uses	•	_
[_]	Mark	(X) this box if you attach a continuation sheet.		

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART	A GENERAL DATA		
3.01 <u>CBI</u>	Specify the quantity purchased and the average price for each major source of supply listed. Product trathe average price is the market value of the product substance.	des are treated a	s purchases.
[<u>]</u>]	Source of Supply	Quantity (kg)	Average Price (\$/kg)
	The listed substance was manufactured on-site.	N/A	N/A
The listed substance was transferred from a different company site. The listed substance was purchased directly from a manufacturer or importer. The listed substance was purchased from a distributor or repackager. The listed substance was purchased from a distributor or repackager. The listed substance was purchased from a mixture producer. N/A N/A N/A N/A N/A N/A N/A	N/A		
		4,894,308	2.51
		N/A	N/A
		N/A	N/A
3.02 CBI	Circle all applicable modes of transportation used to your facility.	o deliver the lis	ted substance to
[_]	Truck		(1
	Railcar		
	Barge, Vessel		3
	Pipeline		4
	Plane		5
	Other (specify)		6
[_]	Mark (X) this box if you attach a continuation sheet.		

.03 <u>BI</u>	a.	Circle all applicable containers used to transport the listed subs facility.	tance to	your
]		Bags		
		Boxes		2
		Free standing tank cylinders		
		Tank rail cars		6
		Hopper cars		
		Tank trucks		(
		Hopper trucks		••••
		Drums		8
		Pipeline		9
		Other (specify)		1
	b.	If the listed substance is transported in pressurized tank cylinde cars, or tank trucks, state the pressure of the tanks.	rs, tank	rail
		care, or came trading, other many process of the came trading of t		
		Tank cylinders	N/A	mmH;
		· · · · · · · · · · · · · · · · · · ·		
		Tank cylinders	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH
		Tank cylinders Tank rail cars	258	mmH, mmH

of the mixture, the average percent comp	name of its supplier(s	form of a mixture, list the or manufacturer(s), an est ne listed substance in the morting year.	imate of the
Trade Name	Supplier or Manufacturer	Average % Composition by Weight (specify ± % precision)	Amount Processed (kg/yr)
N.A.	N.A.	N/A.	N/A.

BI r	State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, a the percent composition, by weight, of the listed substance.					
		Quantity Used (kg/yr)	% Composition by Weight of Listed Sub stance in Raw Materia (specify <u>+</u> % precisio			
C:	lass I chemical	4,843,447	100%			
C	lass II chemical					
Po	olymer					

	SE	CTION 4 PHYSICAL/CHEM	ICAL PROPERTIES				
Gener	al Instructions:						
	ou are reporting on a mi at are inappropriate to			questions in Section			
notic	or questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or othe otice that addresses the information requested, you may submit a copy or reasonable acsimile in lieu of answering those questions which it addresses.						
PART	A PHYSICAL/CHEMICAL DA	TA SUMMARY					
4.01 <u>CBI</u>	substance in the final	rity for the three maj ufactured, imported, o product form for manu or at the point you be	r processed. Measure facturing activities,	the purity of the at the time you			
ι,		Manufacture	Import	Process			
	Technical grade #1	N/A % purity	N/A % purity	<u>99.9</u> % purity			
	Technical grade #2	<u>N/A</u> % purity	N/A % purity	N/A % purity			
	Technical grade #3	N/A % purity	N/A % purity	<u>N/A</u> % purity			
	¹ Major = Greatest quan	tity of listed substan	ce manufactured, impor	ted or processed.			
4.02	Submit your most recensubstance, and for eve an MSDS that you develversion. Indicate whe appropriate response.	ry formulation contain oped and an MSDS devel	ing the listed substan oped by a different so	ce. If you possess urce, submit your			
	Yes						
	No			2			
	Indicate whether the M	SDS was developed by y	our company or by a di	fferent source.			
	Your company	• • • • • • • • • • • • • • • • • • • •		1			
	Another source						

 $[\ \ \]$ Mark (X) this box if you attach a continuation sheet.

4.03	Submit a copy or reasonable that is provided to your cus formulation containing the been submitted by circling the Yes	stomers/users re listed substance the appropriate	garding the . Indicate response.	listed subs whether thi	stance or any is information	has
	Yes		• • • • • • • • • •		• • • • • • • • • • • • •	1
	No	N/A				2
4.04 <u>CBI</u> [_]	For each activity that uses corresponding to each physical states for the time you import or beging manufacturing, storage, dispersional state of the product.	cal state of the r importing and n to process the	listed sub processing listed sub	stance durin activities a stance. Phy	ng the activit are determined sical states	y at for
			Phy	sical State		
					Liquified	
	Activity	Solid	Slurry	Liquid	Gas	Gas

Activity	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

[_] Mark (X) this box if you attach a continuation sheet.

} Physical							
State	. -	Manufacture	<u>Import</u>	Process	Store	Dispose	Transp
Dust	<1 micron			N/A	N/A		
	1 to <5 microns		**************************************	N/A_	N/A		
	5 to <10 microns			N/A	N/A		
Powder	<1 micron			N/A	N/A		
	1 to <5 microns			N/A	N/A		
	5 to <10 microns			N/A	N/A		
Fiber	<1 micron			N/A	N/A		
	1 to <5 microns			N/A	N/A		
	5 to <10 microns			N/A	N/A		
Aerosol	<1 micron			N/A	N/A		
	1 to <5 microns			_N/A	N/A		
	5 to <10 microns			_N/A	N/A		

SECTION 5 ENVIRONMENTAL FATE

PART	A F	RATE CONSTANTS AND TRANSFORMATION PRODUCTS				
5.01	Ind	dicate the rate constants for the following tra	ansformation	proces	sses.	
	a.	Photolysis:				
		Absorption spectrum coefficient (peak)	U.K. (1	./M cm)	at <u>U.K.</u>	nm
		Reaction quantum yield, 6	U.K.		at U.K.	nm
		Direct photolysis rate constant, k_p , at	U.K.	1/hr	_U.K	latitude
	b.	Oxidation constants at 25°C:				
		For 10_2 (singlet oxygen), k_{ox}		U.K.		1/M hi
		For RO_2 (peroxy radical), k_{ox}		U.K.		1/M hi
	c.	Five-day biochemical oxygen demand, BOD_5		U.K.		mg/l
	d.	Biotransformation rate constant:				
		For bacterial transformation in water, $k_b \dots$		U.K.		1/hr
		Specify culture		U.K.		
	e.	Hydrolysis rate constants:				
		For base-promoted process, k _B		U.K.		1/M hi
		For acid-promoted process, k _A		U.K.		1/M hi
		For neutral process, k _N		U.K.		1/hr
	f.	Chemical reduction rate (specify conditions)_		U.K.		_
			8 mm, 24 mm, 24 mm, 27 mm,			_
	g.	Other (such as spontaneous degradation)		U.K.		

|--|

PART	В	PARTITION COEFFICIENT:	S				
5.02	a.	Specify the half-li	fe of the listed s	ubstance in the i	following	media	•
		<u>Media</u>		Half-life	(specify	units)
		Groundwater			U.K.	·	
		Atmosphere			U.K.		
		Surface water			U.K.		
		Soil			U.K.		• • •
	b.	Identify the listed life greater than 24		transformation p	products t	hat h	ave a half-
		CAS No.	Name	Half-lif (specify t			<u>Media</u>
		U.K.	U.K.	U.K.	i	.n	U.K.
					i	.n	
					i	n	
					i	n	
				• • • •			
5.03	Spe	cify the octanol-wate	er partition coeffi	icient, K _{ow}	U.K.		at 25°0
	Met	hod of calculation or	determination		U.K.	•	
5.04	Spe	cify the soil-water p	partition coefficie	ent, K _d	U.K.	•	at 25°0
	Soi	l type	• • • • • • • • • • • • • • • • • • • •		U.K.	•	
5.05	Spe coe	cify the organic carb	oon-water partition	· · · · · · · · · · · · · · · · · · ·	U.K.	•	at 25°C
5.06	Spe	cify the Henry's Law	Constant, H	·····	U.K.	•	atm-m³/mole
	Mar	k (X) this box if you	ı attach a continua	ition sheet.			

U.K.		U.K.			
		U.K.		Test ¹ U.K.	
the following codes	to designate	e the type of te	st:		
Flowthrough Static					
	Flowthrough	Flowthrough	Flowthrough		

	SECTION 7 MANUFACTURING AND PROCESSING INFORMATION			
General	Instructions:			
provide	estions 7.04-7.06, provide a separate response for each process block flow diagramed in questions 7.01, 7.02, and 7.03. Identify the process type from which the ation is extracted.			
PART A	MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION			
п	In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.			
CBI	FLEXIBLE SLABSTOCK FOAM MFG. PROCESS			

[_] Process type POLYURETHANE FOAM LINE

7.02	In accordance showing substance	each d	with the of the thr	instructionee major (ns, prov greatest	ide a se volume)	parate proces process type	ss block flow diagram es involving the liste
CBI								
[_]	Process	type .	· · · · · · · -	REBOND	CARPET	PAD ME	G. PROCESS	
			/					

7.03	process emission streams and which, if combined, would tot treated before emission into from one process type, provid for question 7.01. If all su	ections, provide a process block flow diagram showing all emission points that contain the listed substance and al at least 90 percent of all facility emissions if not the environment. If all such emissions are released e a process block flow diagram using the instructions are missions are released from more than one process flow diagram showing each process type as a separate
<u>CBI</u>		
[-]	Process type	REBOND CARPET PAD MFG. PROCESS

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[] Process type REBOND CARPET PAD MFG. PROCESS

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7.1	VERTICAL TANK	AMBIENT	<u>ATMOSPH</u> ERIC	STEEL
7.6	GEAR PUMP	AMBIENT	3,100	STEEL
7.2	VERTICAL TANK	AMBIENT	<u>ATMOSPH</u> ERIC	STEEL
7.21_	GEAR PUMP	AMBIENT	3,100	STEEL
7.20	IN LINE FILTER	AMBIENT	3,100	STEEL
<u>7.3. 7.</u> 6	VENTS	20	<u>ATMOSPH</u> ERIC	STEEL
<u>7.7</u>	HORIZONTAL TANK	20-40	155	STEEL
7.8	BLENDER VERTICAL	40	ATMOSPHERIC	STEEL
7.14	VERTICAL MOLDS	40	260	STEEL
7.16	VENT	24	22	STEEL
<u> 7. 4</u>	VERTICAL TANK	AMBIENT	<u>ATMOSPHE</u> RIC	STEEL
7.41	GEAR PUMP	AMBIENT	3,100	STEEL
7.5	VERTICAL TANKS	AMBIENT	80	STEEL
7.51	GEAR PUMPS	AMBIENT	3,100	STEEL

 $^{[\}overline{\underline{X}}\,]$ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[] Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

	Process Stream ID Code	Process Stream Description	Physical State	Stream Flow (kg/yr)
	7B, 7C, 7D, 7E,		OL	9,855,505
	7GG, 7HH, 7II, 7L <u>L, 7CCC</u>	TDI	OL	4,692,211
(A)	7P <u>P, 7RR, 7Q</u> Q	TIN CATALYST	<u>OL</u>	41,488
(B)	7 <u>PP, 7RR, 7Q</u> Q	AMINE CATALYST	OL	22,389
(C)	7P <u>P, 7RR, 7Q</u> Q	SILICONE SURFACTANT	OL	77,166
(D)	7 <u>PP, 7RR, 7</u> QQ	WATER	OL	356,384
	7xx	SOLID ADDITIVES	SO	413,377_
(E)	7P <u>P, 7RR, 7Q</u> Q	LIQUID ADDITIVES	OL	458,497

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)

GU = Gas (uncondensible at ambient temperature and pressure)

S0 = Solid

SY = Sludge or slurry

AL = Aqueous liquid

OL = Organic liquid

IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

 $^{[\}overline{\underline{X}}]$ Mark (X) this box if you attach a continuation sheet.

<u>CBI</u>		ns for further explanation	_		CESS
	a.	b.	с.	d.	е.
	Process Stream ID Code	Known Compounds ¹	Concen- trations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
	7A - 7G	POLYOL (A) (W)	100%	N.A.	N.A.
	7FF-7CCC	TDI (A) (W)	99.98	HYDROLYZABLE CHLORIDE	0.1%
(E)	7PP-7QQ	D.O.P. (A) (W)	> 95%	U.K.	< 5%
(E)	7PP-7QQ	DE60F (A) (W)	100용	U.K.	U.K.
(A)	<u>7XX</u>	ANTIMONY TRIOXIDE (A) (W)	97.5%	LEAD	2%
(E)	7PP-7QQ	FYROL FR ₂ (A) (W)	100%	N.A	
(B)	7xx	P.V.C. (A)(W)	100%	N.A.	N.A.
(C)	7XX	CLF-10-200 LIMESTONE (A) (W)	100%	N.A	_ N. A.
(E)	7PP-7QQ	PLURONIC 17R ₂ (A)	(W <u>) 100%</u>	N.A.	N.A.
(E)	7PP-7QQ	(MILLIKEN) DYES (A) (W)	100%	U.K.	U.K.
(A)	7PP-7QQ	(A) (W) TIN CATALYST C-Y	50%	D.O.P.	50%
(D)	700 700	(A) (W)	Т	RIETHYLENEDIAM	INE 20%

7.06 continued below

7PP-7QQ

(B)

R-8020 CATAYLST

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1	PVC (A) (W)	83.3%
	ANTIMONY OXIDE (A) (W)	16.7%
2	FRYOL FR ₂ (A) (W)	100%
	(FLAME RETARDANT)	
3	DE60F (A) (W)	100%
	(ELAME RETARDANT)	-
4	CLF-10-200 (A) (W)	100%
	(LIMESTONE)	
5	DYES (A) (W)	100%

²Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

 $^{^{3}}$ Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

8.01 <u>CBI</u>	In accordance with the ins which describes the treatm	structions, provide a residual treatment block flow diagramment process used for residuals identified in question 7.01
[_]	Process type	FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

8.05 <u>CBI</u> [_]	Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)						
	Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS						
	a.	b.	c.	d.	e.	f.	g.
	Stream ID Code	Type of Hazardous Waste	Physical State of Residual ²	Known Compounds ³	Concentra- tions (% or ppm) ⁴ ,5,6	Other Expected Compounds	Estimated Concen- trations (% or ppm)
	_8A	T	OL	METHYLENE CHLORIDE	75%	U.K.	<u>U.K.</u>
				POLYOL	25%	U.K.	<u>U.K.</u>
	8G	Т	SY	POLYOL METHYLENE	>98%	U.K.	U.K.
				CHLORIDE_	< 2%	U.K.	<u>U.K.</u>
8.05	continue	ed below		· · · · · · · · · · · · · · · · · · ·		_	=====

8.05 (continued) ¹Use the following codes to designate the type of hazardous waste: I = Ignitable C = Corrosive R = ReactiveE = EP toxicT = ToxicH = Acutely hazardous 2 Use the following codes to designate the physical state of the residual: GC = Gas (condensible at ambient temperature and pressure) GU = Gas (uncondensible at ambient temperature and pressure) SO = SolidSY = Sludge or slurry AL = Aqueous liquid OL = Organic liquid IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

[_] Mark (X) this box if you attach a continuation sheet.

Additive Package Number	Components of Additive Package	Concentration (% or ppm)
1	N/A	N/A
2		
		
3		
4		
	Extra de contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata	
5		
		
	s to designate how the concentrat	

 $[\ \]$ Mark (X) this box if you attach a continuation sheet.

⁵ Use the followi	ng codes to designate how the concent	ration was measured:
V = Volume W = Weight		
⁶ Specify the ana below. Assign	lytical test methods used and their do a code to each test method used and l	etection limits in the talist those codes in column
Code	Method	Detection (± ug/
_1	N/A	N/A
2		
	· · · · · · · · · · · · · · · · · · ·	
4		
5		
6		

8.06	Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)								
CBI									
[_]	Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS								
	a.	b.	c.	d.	е	·	f. Costs for	g.	
	Stream ID Code	Waste Description Code	Management Method Code ²	Residual Quantities (kg/yr)	of Resi	gement dual (%) Off-Site	Off-Site Management (per kg)	Changes in Management Methods	
	8A	B59	_M6	0	0	0	0	N/A	
	8B	В89	25R	14,742	100%	08	0	N/A	
	8G	B89	M6	0	0	0	0	N/A	
	_	e codes provi							
[_]	Mark (X) this box i	f you attach	n a continuat	ion sheet	•			

[_]		Ch	Combustion Chamber Temperature (°C)		tion of erature nitor	In Cor	Residence Time In Combustion Chamber (seconds)	
	Incinerator	Primary	Secondary	Primary	Secondary	Primary	Secondary	
	1							
	2							
	3							
	by circ	ling the app	oropriate resp	oonse.	s been submit			
		• • • • • • • • •						
8.23 <u>CBI</u> []	Complete the	rorrowring (s	ore for the f	mree rarges	t (by capacit	y) incinera	tors that	
<u>CBI</u>	are used on-streatment block		ram(s). Air Po	identified ollution Device	in your proc	ess block of Types Emission Avail	residual s of ns Data	
<u>CBI</u>	treatment blo		ram(s). Air Po	identified	in your proc	ess block of Types Emission	residual s of ns Data lable	
<u>CBI</u>	Incinerator		ram(s). Air Po <u>Control</u>	identified	in your proc	ess block of Types Emission Avail	residual s of ns Data lable	
<u>CBI</u>	Incinerator		ram(s). Air Po Control N/A	identified	in your proc	Emission Avail	residual s of ns Data Lable	
<u>CBI</u>	Incinerator 1 2 3 Indicate by circ.	e if Office ling the app	Air Po Control N/A N/A N/A of Solid Wast	e identified collution Device de survey has sonse.	s been submit	Types Emission Avail N/A N/A ted in lieu	residual s of ns Data lable of response	

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

Data Element	Data are Ma Hourly Workers	intained for Salaried Workers	: Year in Which Data Collection Began	Number of Years Records Are Maintained
Date of hire	X	X	1984	3+
Age at hire	X	_X	1984	3+
Work history of individual before employment at your facility	X	X	1984	3+
Sex	Х	<u> </u>	1984	3+
Race	X	_X	1984	3+
Job titles	X	X	1984	3+
Start date for each job title	<u> </u>	X	1984	3+
End date for each job title	X	_X	1984	<u>3</u> +
Work area industrial hygien monitoring data	e <u>X</u>	X	1984	30 YRS. AFTER EMPLOYEE LEAVES
Personal employee monitorin data	x	X	1984	30 YRS. AFTER EMPLOYEE LEAVES 30 YRS. AFTER
Employee medical history	X	X	1984	EMPLOYEE LEAVES
Employee smoking history	X	X	N/A	N/A 30 YRS. AFTER
Accident history	X	X	1984	EMPLOYEE LEAVES
Retirement date	X	<u>X</u> .	1984	3+
Termination date	<u> </u>	_X	1984	3+ <u></u>
Vital status of retirees	Х	X	N/A	N/A
Cause of death data	X	<u> </u>	<u>N/A</u>	N/A

[[]_] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage. CBI $\begin{bmatrix} - \end{bmatrix}$ b. c. d. a. e. Yearly Total Total Process Category Activity Quantity (kg) Workers Worker-Hours Manufacture of the Enclosed N/A N/A N/A listed substance N/A Controlled Release N/A N/A 0pen N/A N/A N/A On-site use as Enclosed N/A N/A N/A reactant Controlled Release 4,692,211 __10 20,000 0pen N/A N/A N/A Enclosed On-site use as 151,236 2 4,000 nonreactant Controlled Release N/A N/A N/A 0pen N/A N/A N/A On-site preparation **Enclosed** N/A N/A N/A of products Controlled Release N/A N/A N/A 0pen N/A N/A N/A

[] Mark (X) this box if you attach a continuation sheet.

encompasses workers who listed substance.	ob title for each labor category at your facility that may potentially come in contact with or be exposed to the
<u>3I</u>	
_]	
Labor Category	Descriptive Job Title
Α -	CHEMICAL ENGINEER
В	LINE OPERATOR
c	ASSISTANT OPERATOR
D	COMPOUNDER
E	ASSISTANT COMPOUNDER/RELIEF
F	PAPER TAKE-OFF
G	CUT-OFF SAW
Н	CRANE OPERATOR
I	POUR LINE TECHNICIAN
J	CHEMICAL RECEIVER
K	LEAD OPERATOR - BONDED
-	

.04	In accordance with t indicate associated	the instructions, provide your process block flow diagram(s) a work areas.					
BI							
<u>_</u>]	Process type	FLEXIBLE SLABSTOCK POLYURETHANE FOAM MANUFACTURING PROCESS					

9.04	In accordance with th indicate associated w	e instruction ork areas.	s, provide	your p	rocess l	block flow	diagram(s) ar
CBI	۰	* *					
([—])	Process type	REBOND CAF	RPET PAD	MANUF <i>I</i>	ACTURIN	NG PROCES	S
							,
					•		
			. *				
							-
				•			
				÷	•		
		•		- -	-		
			•	•	•,		
				•			
				•			
			•				
					,		
				•	•	,	•
							•
		,					

9.05	Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or							
<u>CBI</u>	7.02. Photocopy this	this question and complete it separately for each process type.						
[_]	FLEXIBLE SLABSTOCK POLYURETHANE FOAM MFG. PROCESS							
	Work Area ID	Description of Work Areas and Worker Activities						
	1	PUMPING SYSTEMS, FOAM MACHINE CONTROLS						
		FOAM MACHINE CREW OPERATE CONTROLS						
	2	CUT-OFF SAW, BOTTOM AND SIDE PLASTIC TAKE UPS						
		SAW OPERATOR RUNS SAW						
	3	FOAM HANDLING SYSTEM - CRANE OPERATOR AND HELPERS						
		STACK FRESH FOAM BUNS						
	,							

 $[\overline{\underline{X}}]$ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

<u>CBI</u>	and complete it separately for each process type and work area.								
[_]	Process type	<u>F</u>	LEXIBLE SLABSTOCK	POLYURETHA	NE FOAM MFG.	. PROCESS			
	Work area #1								
	Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance	Average Length of Exposure Per Day ²	Number of Days per Year Exposed			
	A	1	GU & OL	OL	E	255			
	В	1	GU & OL	<u>OL</u>	E	255			
	C	1	GU & OL	OL	E	255			
	D	1	GU & OL	OL	D	255			
	E	1	GU & OL	OL	D	255			
	F	1	GU	OL	E	255			
	<u> </u>	1	GU & OL	OL	E	255			
	J	1	GU & OL	OL	C	255			

- GC = Gas (condensible at ambient temperature and pressure)
- GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)

N/A

N/A

SO = Solid

N/A

N/A

- SY = Sludge or slurry
- AL = Aqueous liquid

N/A

N/A

N/A

N/A

- OL = Organic liquid
- IL = Immiscible liquid
 (specify phases, e.g.,
 90% water, 10% toluene)

N/A

N/A

- A = 15 minutes or less
- B = Greater than 15 minutes, but not exceeding 1 hour
- C = Greater than one hour, but not exceeding 2 hours
- D = Greater than 2 hours, but not exceeding 4 hours
- E = Greater than 4 hours, but not exceeding 8 hours
- F = Greater than 8 hours

 $[\overline{X}]$ Mark (X) this box if you attach a continuation sheet.

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

²Use the following codes to designate average length of exposure per day:

<u>_</u>]	Process type	FLEXIBLE SLABSTOCK POLYU	RETHAN FOAM MFG. PROCESS
	Work area		#1
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m³, other-specify)
	A	.0013	.004
	В	.001	.001
	C	.0015	.0037
	D	UNKNOWN	UNKNOWN
	E	UNKNOWN	UNKNOWN
	F	.0015	.007
	I	UNKNOWN	UNKNOWN
	J	UNKNOWN	UNKNOWN

 $[\underline{\overline{X}}]$ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

[_]

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	<u>1,2,3,</u> 4	4	11	A	YES	
General work area (air)	1,2,3,4	4	11	A	<u>YES</u>	30
Wipe samples	N/A	N/A	N/A	N/A	N/A	N/A
Adhesive patches	N/A	N/A	N/A	N/A	N/A	N/A
Blood samples	N/A	N/A	N/A	N/A	N/A	N/A
Urine samples	N/A	N/A	N/A	N/A_	N/A	N/A
Respiratory samples	N/A	N/A	N/A	N/A	N/A	N/A
Allergy tests	N/A	N/A_	N/A	N/A	N/A	_N/A
Other (specify)						
Other (specify)						
Other (specify)						
	***************************************			-		

 $^{^{1}\}mbox{Use}$ the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify)

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

9.09 <u>CBI</u>	For each sample type analytical methodolog			e the type of	sampling and			
[_]	Sample Type	<u>s</u>	ampling and Analyti	cal Methodolog	<u>y</u>			
	PERSONAL MONITOR	RING MDA	A PERSONAL MONIT	OR - MODEL	4100 MCM			
	INTEGRATING READER/RECORDER							
9.10	If you conduct person specify the following				bstance,			
CBI				Averaging				
[_]	Equipment Type ¹ BATTERY	Detection Limit ²	Manufacturer	Time (hr)	Model Number			
	D - OPR. PUMP	08PPM	MDA SCIENTIFIC	8 HR. TWA	4000 MCM			
)								
			4444					
	¹ Use the following co	dos to designate	norganal air manita	ing oquipmont				
	A = Passive dosimete B = Detector tube C = Charcoal filtrat D = Other (specify)	r		ing equipment	types:			
	Use the following co	des to designate a	ambient air monitori	ng equipment	types:			
	<pre>E = Stationary monit F = Stationary monit G = Stationary monit H = Mobile monitorin I = Other (specify)</pre>	ors located within ors located at pla g equipment (spec	n facility ant boundary					
	² Use the following co							
	<pre>A = ppm B = Fibers/cubic cen C = Micrograms/cubic</pre>	timeter (f/cc) meter (µ/m³)						
)								
[_]	Mark (X) this box if	you attach a conti	inuation sheet.					

<u>BI</u>		Test Description		_	(weekly,	Frequency monthly, yearly,	etc.)
_	PHYSICAL	EXAM & PULMONARY	FUNCTION	TEST_		SEMI-ANNUALLY	<u> </u>
	PHYSICAL	HISTORY & X-RAYS	 	_		SEMI-ANNUALLY	<u> </u>
				_			
				_			

12	Describe the engineering co to the listed substance. P process type and work area.	hotocopy this o	use to reduce of question and comp	r eliminate wor lete it separat	cker exposure cely for each
Ī	process type and were accurate				
_]	Process type	. FLEXIBLE S	LABSTOCK POLY	JRETHAN FOAM	MFG. PROC
	Work area			··#1	
	Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
	Ventilation:	(1/11)	Installed		<u>opgradou</u>
	Local exhaust	Y	1965	<u>Y</u>	1988
	General dilution	N	N/A	N	N/A
	Other (specify)				
		<u>N</u>	N/A	N	N/A
	Vessel emission controls	N	N/A	N	N/A
	Mechanical loading or packaging equipment	N	N/A	N	N/A

 $[\overline{X}]$ Mark (X) this box if you attach a continuation sheet.

the	percentage reduct	For each equipment or pion in exposure that resurved y for each process type a	lted. Photoc	opy this question and
] Pro	cess type	FLEXIBLE SLABSTOCK	POLYURETHA	
Wor	k area			#1
	Equipment	or Process Modification		Reduction in Worker Exposure Per Year (%
		N/A		N/A
			 _	
•				

PART	D PERSONAL PROTECTI	EVE AND SAFETY EQUIPMENT		
9.14	in each work area i	nal protective and safety equip in order to reduce or eliminate opy this question and complete	e their expo	sure to the listed
CBI				
[_]	Process type	FLEXIBLE SLABSTOCK I	POLYURETHA	NE FOAM MFG. PROCESS
	Work area			#1
			Wear or Use	
		Equipment Types	<u>(Y/N)</u>	
		Respirators	<u> </u>	
		Safety goggles/glasses	Y	
		Face shields	N	
		Coveralls	N	
		Bib aprons	N	
		Chemical-resistant gloves	<u>Y</u>	
		Other (specify)		

 $[\overline{\underline{x}}]$ Mark (X) this box if you attach a continuation sheet.

<u>CBI</u>							
[_]	Process ty	/pe	FLEXIBLE S	LABSTOCK	POLYURE	THANE FOAM	MFG. PROCES
	Work Area	Respir Typ	ator	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)
	1,2,3,4	HALF FACE	DUAL FILTER	₹ <u>A</u>	<u> </u>	QL	1
		FULL FACE	DUAL FILTE	RA	<u>Y</u>	QL	1
	² Use the f		s to designate	the type	of fit tes	t:	
	QL = Qual QT = Quar						

CBI	authorized workers, mark a monitoring practices, prov question and complete it s	ide worker train	nbstance (e.g. ng signs, insu ning programs,	, restrict en re worker det etc.). Phot	tection and tocopy this		
[_]	Process type FLEX	IBLE SLABSTOC	K POLYURETH	IANE FOAM M	FG. PROCESS		
	Work area#1 1) ENTRANCE RESTRICTED ONLY TO AUTHORIZED EMPLOYEES 2) WORK AREAS ARE MARKED WITH APPROPRIATE WARNING SIGNS						
	3) EMPLOYEES ARE MOI						
	4) EMPLOYEES ARE TRA						
	5) EQUIPMENT IS ARRA						
	6) LOCATION OF THE						
9.20	Indicate (X) how often you leaks or spills of the lis separately for each proces Process type FLEXIB Work area	ted substance. s type and work BLE SLABSTOCK	Photocopy thi area. POLYURETHA	s question an	d complete it G. PROCESS		
	Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day		
	Sweeping	X	N/A	N/A	N/A		
	Vacuuming	N/A	N/A	N/A	N/A		
	Water flushing of floors	N/A	_N/A	N/A	N/A		
	Other (specify)						

9.21	Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?
	Routine exposure
	Yes
	No
	Emergency exposure
	Yes
	No
	If yes, where are copies of the plan maintained?
	Routine exposure:
	Emergency exposure:
9.22	Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.
	(Yes)
	No
	If yes, where are copies of the plan maintained? PLANT ENGINEER'S OFFICE
	Has this plan been coordinated with state or local government response organizations Circle the appropriate response.
	Yes
	No
9.23	Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.
	Plant safety specialist
	Insurance carrier
	OSHA consultant
	Other (specify)
[_]	Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A	A GENERAL INFORMATION
10.01	Where is your facility located? Circle all appropriate responses.
<u>CBI</u> [<u> </u>]	Industrial area
	Urban area
	Agricultural area 4
	Rural area 5
	Adjacent to a park or a recreational area
	Within 1 mile of a navigable waterway
	Within 1 mile of a non-navigable waterway 9
	Other (specify)
[_]	Mark (X) this box if you attach a continuation sheet.

10.02	is located) in terms of latitude a (UTM) coordinates.			
	Latitude	• • • • • • • • • • • • • • • • • • • •	3 5 °	55 ' 20" N
	Longitude		88 •	50 ' 10" W
	UTM coordinates Zone	, Nort	hing,	Easting
10.03	If you monitor meteorological cond the following information.	itions in the vici	nity of your fa	cility, provide
	Average annual precipitation			inches/year
	Predominant wind direction	• • • • • • • • • • • • • • • • • • • •		
10.04	Indicate the depth to groundwater Depth to groundwater	•	•	meters
10.04		•	•	meters
10.04 10.05 CBI		indicate (Y/N/NA)	all routine rel	eases of the
10.05	Depth to groundwater For each on-site activity listed, listed substance to the environmen	indicate (Y/N/NA) t. (Refer to the	all routine rel	eases of the r a definition of
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.)	indicate (Y/N/NA) t. (Refer to the	all routine relinstructions fo	eases of the r a definition of ease Land
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity	indicate (Y/N/NA) t. (Refer to the En- Air N/A	all routine rel instructions fo vironmental Rel Water	eases of the or a definition of ease Land N/A
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing	indicate (Y/N/NA) t. (Refer to the En- Air N/A	all routine rel instructions fo vironmental Rel Water N/A	eases of the or a definition of ease Land N/A
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing Importing	indicate (Y/N/NA) t. (Refer to the En Air N/A N/A	all routine rel instructions fo vironmental Rel Water N/A N/A	eases of the or a definition of ease Land N/A N/A
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing Importing Processing	indicate (Y/N/NA) t. (Refer to the En Air N/A N/A	all routine rel instructions fo vironmental Rel Water N/A N/A	eases of the or a definition of ease Land N/A N/A
10.05 CBI	Depth to groundwater For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing Importing Processing Otherwise used	indicate (Y/N/NA) t. (Refer to the Air N/A N/A Y N/A	all routine rel instructions fo vironmental Rel Water N/A N/A N/A	eases of the or a definition of ease Land
10.05 CBI	Processing Otherwise used Product or residual storage	indicate (Y/N/NA) t. (Refer to the Air N/A N/A Y N/A Y	all routine rel instructions fo vironmental Rel Water N/A N/A N/A N/A N/A N/A	eases of the or a definition of ease Land N/A N/A N/A N/A N/A
10.05 CBI	For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing Importing Processing Otherwise used Product or residual storage Disposal	indicate (Y/N/NA) t. (Refer to the	all routine rel instructions fo vironmental Rel Water N/A N/A N/A N/A N/A N/A N/A N/	eases of the or a definition of ease Land N/A N/A N/A N/A N/A N/A N/A N/
10.05 CBI	For each on-site activity listed, listed substance to the environmen Y, N, and NA.) On-Site Activity Manufacturing Importing Processing Otherwise used Product or residual storage Disposal	indicate (Y/N/NA) t. (Refer to the	all routine rel instructions fo vironmental Rel Water N/A N/A N/A N/A N/A N/A N/A N/	eases of the or a definition of ease Land N/A N/A N/A N/A N/A N/A N/A N/

10.06	Provide the following information for the listed of precision for each item. (Refer to the instruan example.)		
CBI			
[_]			
	Quantity discharged to the air	33.68	kg/yr ± <u>U.K</u> . %
	Quantity discharged in wastewaters	N/A	kg/yr ± %
	Quantity managed as other waste in on-site		
	treatment, storage, or disposal units	N/A	kg/yr ± %
	Quantity managed as other waste in off-site treatment, storage, or disposal units	N/A	kg/yr <u>+</u> %

 $[\ \]$ Mark (X) this box if you attach a continuation sheet.

Stream ID Code Control Tec 7FF-7LL, 7CCC CLOSE LOOP SYST AUTOMATIC SHUT PRESSURE CUT OF CONTAINMENTS 8A (RESIDUAL) N/A	d substance as identified in your ow diagram(s). Photocopy this question type.
7FF-7LL, 7CCC CLOSE LOOP SYSTEM AUTOMATIC SHUT PRESSURE CUT OF CONTAINMENTS	CK FOAM MFG. PROCESS
AUTOMATIC SHUT PRESSURE CUT O CONTAINMENTS	nology Percent Efficiency
PRESSURE CUT O	EMS U.K.
CONTAINMENTS	OFF CONTROLS U.K.
	FS U.K.
8A (RESIDUAL) N/A	U.K.
	N/A
8G (RESIDUAL) N/A	N/A
8B N/A	N/A

 $[\overline{X}]$ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

7CC #2

10.09 <u>CBI</u> [_]	subst resid source source	ance i lual tr e. Do es (e.	n terms of eatment b not incl	of a Strea block flow lude raw m oment leak	ntify each emission point source m ID Code as identified in your diagram(s), and provide a descr aterial and product storage vent s). Photocopy this question and	process block or iption of each point s, or fugitive emission
	Proce	ess typ	e	FLEXIBI	LE SLABSTOCK FOAM MFG. PROC	ESS
		Source Code			Description of Emissio	n Point Source
	7BBB	3			EXHAUST FAN	
	7P	#1_			EXHAUST FAN	
	7P	#2			EXHAUST FAN	
	7AA	#1			EXHAUST FAN	
	_7AA	#2			EXHAUST FAN	
	7AA	#3			EXHAUST FAN	
	7BB	#1			EXHAUST FAN	
	7BB	#2			EXHAUST FAN	
	7CC	#1		·	EXHAUST FAN	
-	-			•		

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

Mark

FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CDT	10.05 by completin	ing one torrown	ing conte.				
<u>CBI</u>	Point Source ID Physical Code State	Average Emissions (kg/day)	Frequency ² (days/yr)	Average Duration Emission (min/day) Factor	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
	7BBB V	.0002	255	252 .000,000,002	.000,000,8	255	252
	7P #1 V	.019	255	_252 .000,000,3	.000,099	52	45
	<u>7P #2 V </u>	.028	255	252 .000,000,4	.00017	_104	_150
	7 <u>AA #</u> 1V	.045	255	252 .000,000,6	.00031	52	45
	7 <u>AA #</u> 2 <u>V</u>	.017	255	252 .000,000,2	.000,09	104	150
	7 <u>AA #</u> 3 <u>V</u>	.0067	255	252 .000,000,09	-000,03	_104	_150
	7 <u>BB #1 V</u>	.0025	255	252 .000,000,03	.000,02	52	45
	7 <u>BB</u> #2 V	.0004	255	252 .000,000,05	.000,001	104	150
	7 <u>CC #1 V</u>	U.K.	255	252 U.K.	U.K.	_U.K	U.K.
	7 <u>CC #</u> 2 <u>V</u>	<u>U.K.</u>	255	_252 U.K	U.K.	_U.K	U.K.

¹Use the following codes to designate physical state at the point of release: G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify)

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

 $^{^4}$ Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[_]	Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)	Building Width(m) ²	Vent Type ³
	7BBB	19	.76	21	6	9	82	V
	7P #1	19.2	9	38	9	9	82	V
	7P #2	19.2	9	38	9	9	82	V
	7AA #1	16.7	9	38	9	9	82	V
	7AA #2	<u>16.7</u>	9	38	9	9	82	V
	7AA #3	16.7	9	21	8.6	9	82	V
	7BB #1	16.7	9	21	8.6	_9	82	V
	7BB #2	16.7	.76	21	8.3	9	82	V
	7CC #1	11	1.2	U.K.	U.K	_10	46	
	7CC #2	11	1.2	<u>U.K.</u>	<u>U.K.</u>	10	46	V
								

¹Height of attached or adjacent building

H = Horizontal

V = Vertical

²Width of attached or adjacent building

³Use the following codes to designate vent type:

_] 		N/A
	Point source ID code	N/A
	Size Range (microns)	Mass Fraction (% \pm % precision
	< 1	N/A
	≥ 1 to < 10	N/A
	≥ 10 to < 30	N/A
	≥ 30 to < 50	N/A
	≥ 50 to < 100	N/A
	≥ 100 to < 500	N/A
	≥ 500	N/A
		Total = 100%

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

[_]	Process type	FLEXIBLE SLABSTOCK FOAM MFG.	PROCESS
	Percentage of time p	r year that the listed substance is e	exposed to this process
	type	••••••••••	<u> 100</u>

	Number				y Weight I cess Strea	
Equipment Type	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						•
Packed	N/A	N/A	N/A	N/A	N/A	N/A
Mechanical	N/A	N/A	N/A	N/A	N/A	10
Double mechanical ²	N/A	N/A	N/A	N/A	N/A	2
Compressor seals ¹	N/A	N/A	N/A	N/A	N/A_	N/A
Flanges	N/A	N/A	N/A	N/A	N/A_	8
Valves						
Gas ³	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	15
Pressure relief devices ⁴ (Gas or vapor only)	N/A	N/A	N/A	N/A	N/A	N/A
Sample connections						
Gas	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	N/A
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	N/A

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

^{10.13} continued on next page

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

١				
10.13	(continued)			
	² If double mechanical seal greater than the pump stu will detect failure of th with a "B" and/or an "S",	iffing box pressure a ne seal system, the b	and/or equipped wi	th a sensor (S) that
	³ Conditions existing in th	e valve during norma	al operation	
	⁴ Report all pressure relie control devices	f devices in service	e, including those	equipped with
	⁵ Lines closed during norma operations	l operation that wou	ald be used during	maintenance
10.14 <u>CBI</u>	Pressure Relief Devices wi pressure relief devices id devices in service are con enter "None" under column	entified in 10.13 to trolled. If a press	indicate which p	ressure relief
rı	a.	b.	c.	d.
	Number of Pressure Relief Devices	Percent Chemical in Vessel ¹	Control Device	Estimated Control Efficiency ²
	N/A	N/A	N/A	N/A
)				11/21
	4-14-4	 	A	
	and the second s			
	¹ Refer to the table in ques heading entitled "Number o Substance" (e.g., <5%, 5-1	f Components in Serv 0%, 11-25%, etc.)	rice by Weight Pero	cent of Listed
	² The EPA assigns a control with rupture discs under n efficiency of 98 percent f conditions	ormal operating cond	litions. The EPA a	ssigns a control
[_]	Mark (X) this box if you at	tach a continuation	sheet.	

]	Process type	• • • • • • • • • • • • • • • • • • • •		FLEXIBLE PROCESS	SLABSTOCK	FOAM M
	Equipment Type	Leak Detection Concentration (ppm or mg/m³) Measured at Inches from Source	Detection Device	Frequency of Leak Detection	Repairs Initiated (days after detection)	Repair Complet (days af initiate
	Pump seals					
	Packed	N/A	N/A	N/A	N/A	N/A
	Mechanical	N/A_	N/A	N/A	N/A	N/A
	Double mechanical	N/A	N/A	N/A	N/A	N/A
	Compressor seals	N/A	N/A	N/A	N/A	N/A
	Flanges	N/A	N/A	N/A	N/A	N/A
	Valves					
	Gas	N/A	N/A	N/A	N/A	N/A
	Liquid	N/A	N/A	N/A	N/A	N/A
	Pressure relief devices (gas or vapor only)	N/A	N/A	N/A	N/A	N/A
	Sample connections					
	Gas	N/A	<u>N/A</u>	N/A	N/A	N/A
	Liquid	N/A	N/A	<u>N/A</u>	N/A	N/A
	Open-ended lines	NI / N	NI / 7	NT / 7	NI / N	37 / 3
	Gas	N/A	N/A	N/A	N/A	N/A
	Liquid	N/A	<u>N/A</u>	N/A	N/A	N/A

 $^{[\}overline{\underline{x}}]$ Mark (X) this box if you attach a continuation sheet.

M

Mark

(X)

this

[]

FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block CBI or residual treatment block flow diagram(s).

			Throughput (liters per year)	Filling	Vessel Filling Duration (min)		Vessel Height	Volume	Vessel	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶
-750			<u> </u>										
<u>3F_</u>	N/A	100%	4,033,504	100	60	3.05	3.05	22,70	0 N/A	N/A	7.62	N/A	<u>N/A</u>
<u>3F</u>	N/A	100%	4,033,504	100	100	3.2	5.5	_37,85	0 N/A	N/A	7.62	N/A	N/A
													
													-
													

¹Use the following codes to designate vessel type:

= Fixed roof

CIF = Contact internal floating roof NCIF = Noncontact internal floating roof

EFR = External floating roof

= Pressure vessel (indicate pressure rating)

= Horizontal

= Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary

MS2 = Shoe-mounted secondary

MS2R = Rim-mounted, secondary

LM1 = Liquid-mounted resilient filled seal, primary

LM2 = Rim-mounted shield

LMW = Weather shield

VM1 = Vapor mounted resilient filled seal, primary

VM2 = Rim-mounted secondary

VMW = Weather shield

C = Calculations

S = Sampling

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴⁰ther than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

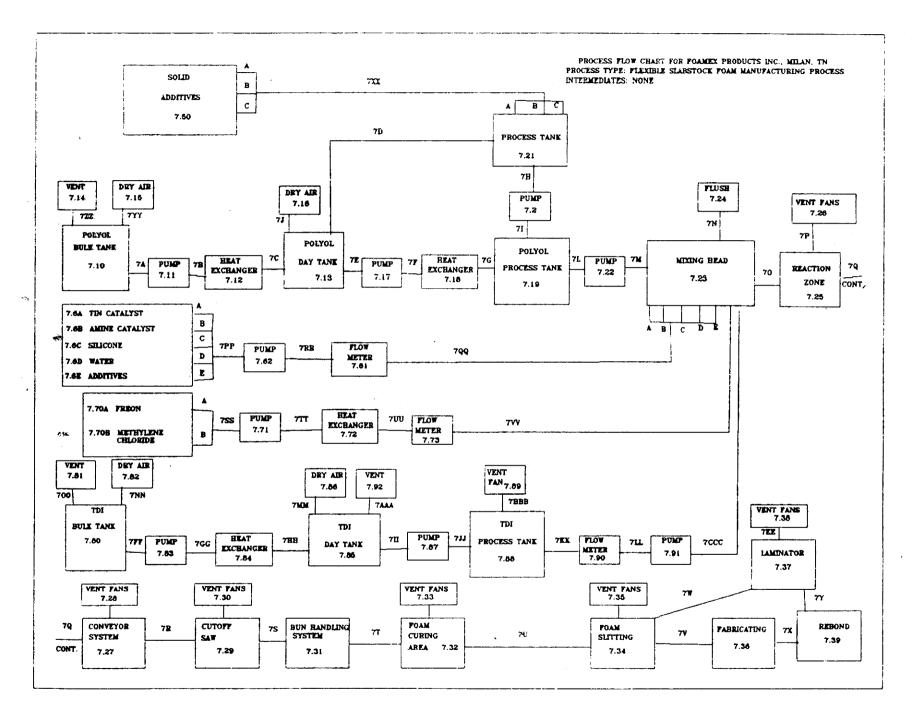
list all		ate	Time	Date	Time
Release	St	arted	(am/pm)	Stopped	(am/pm)
1	· · · · · · · · · · · · · · · · · · ·	N/A	N/A	N/A	N/A
2					
3		· · · · · · · · · · · · · · · · · · ·	-	· · · · · · · · · · · · · · · · · · ·	
4					
5					
6	·				-
Release	(km/hr)	Direction	(%)	(°C)	<u>(Y/N)</u>
	-1				
3				-	
4					
5					
6					
U					

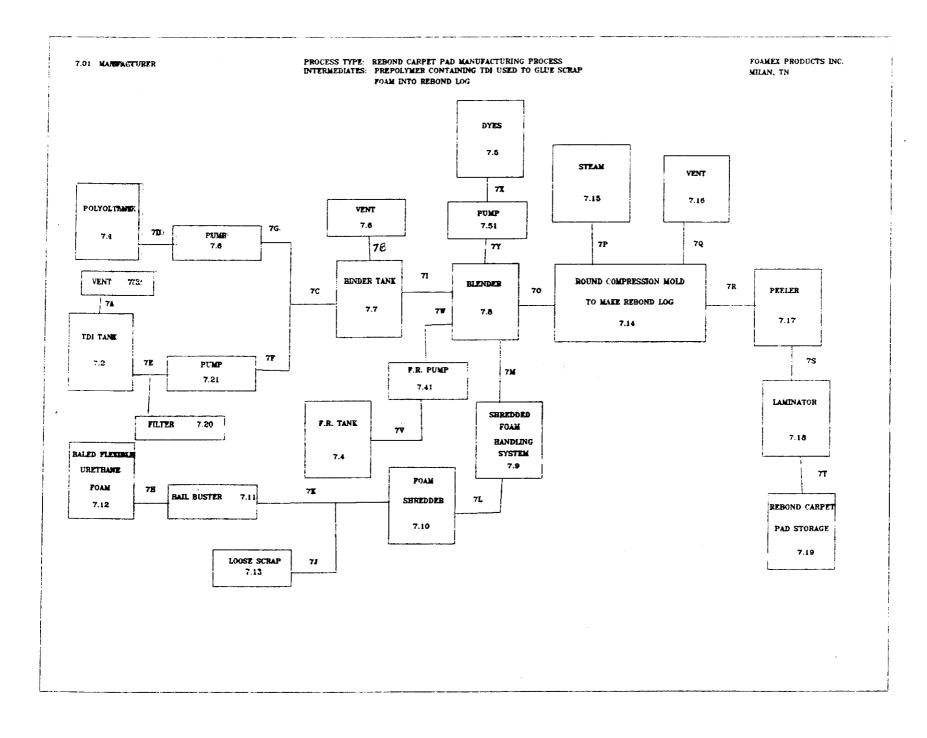
[_] Mark (X) this box if you attach a continuation sheet.

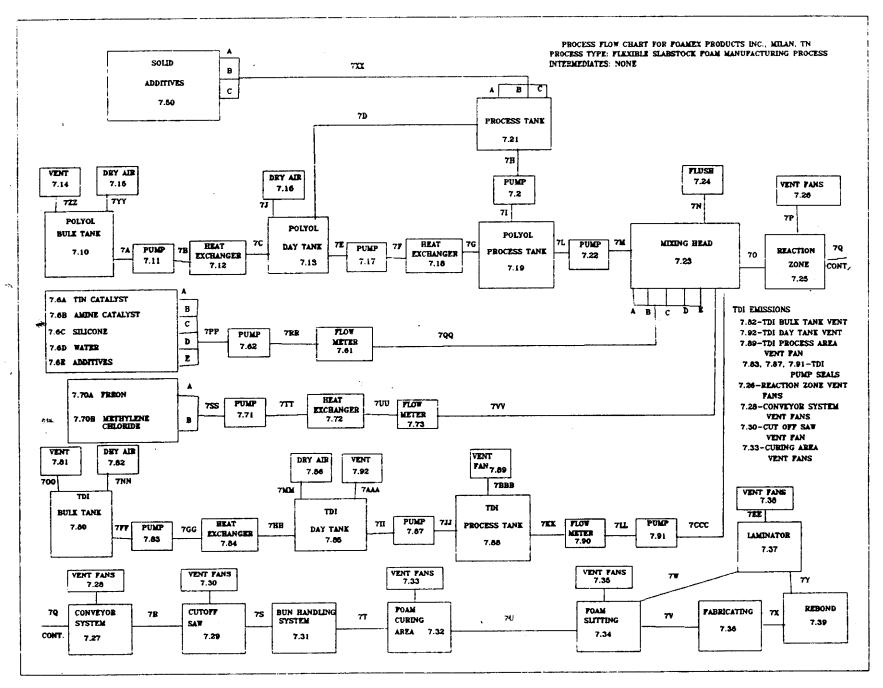
APPENDIX I: List of Continuation Sheets

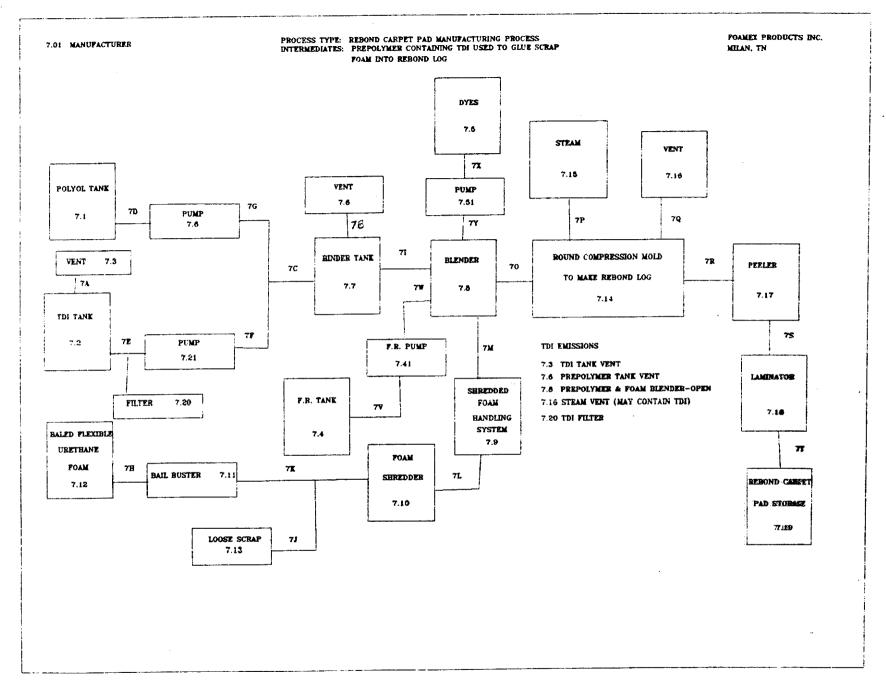
Attach continuation sheets for sections of this form and optional information after this page. In column 1, clearly identify the continuation sheet by listing the question number to which it relates. In column 2, enter the inclusive page numbers of the continuation sheet for each question number.

	Continuation Sheet
Question Number	Page Numbers
(1)	(2)
7.01	42 A
7.03 7.04	<u>44 A-B</u> 45 A-D
7.04	45 A-D 46 A-B
7.06	47 A-B
7.06	48 A
8.01 9.04	50 A-B 91 A-B
9.04	
9.05	92 A
9.06	93 A-I
	400000000000000000000000000000000000000
9.07	94 A-I
9.08	95 A
9.12	98 A-I
9.13	99 A-I
9.14	100 A-I
9.15	101 A
9.19	105 A-I
10.08	112 A
10.09	113 A
10.10	114 A
10.11	115 A
10.13	117 A_
10.15	119 A
10.16] Mark (X) this box if you attach a continuation sh	120 A









7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[] Process type REBOND CARPET PAD MFG. PROCESS

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (*C)	Operatin, Pressure Range (mm Hg)	Versel Composition
7.11	BAIL BUSTER	AMBIENT	N/A	STEEL
7.10	FOAM SHREDDER	AMBIENT	N/A	STEEL WOOD,
7.9	VERTICAL BINS	AMBIENT	_L50	CLOTH, STEEL
7.17	PEELERS	AMBIENT	N/A	N/A
7.18	HOT DRUM LAM.	230-290	1,034	STEEL
7.19	STORAGE AREA	AMBIENT	<u>N/A</u> .	_N/A
7.13	ANGLED CONVEYOR	AMBIENT	<u>N/A</u>	STEEL
7.12	TOWMOTOR & CONVEYOR	R <u>N/A</u>	_N/ A	_N/A
7.15	BOILER	300°	1 <u>,035-6</u> ,200	STEEL

 $^{[\}overline{\underline{X}}]$ Hark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7.10	VERTICAL TANKS	AMBIENT	<u>ATMOSPHERIC</u>	STEEL
<u>7.11, 7</u> .17	GEAR PUMP	AMBIENT	3,100	STEEL
7.21	MIXING TANKS	20-40	ATMOSPHERIC	STAINLESS STEEL
<u>7.20, 7</u> .22	POS. DIS. PUMPS	20-40	4,150	CHROME STEEL STAINLESS
<u>7.12, 7</u> .18	PLATE HEAT EXCH.	13-22	4,150	STEEL
7.13	VERTICAL TANKS	AMBIENT	ATMOSPHERIC	STEEL
7.19	VERTICAL FEED TANK	AMBIENT.	<u>ATMOSP</u> HERIC	STEEL
7.24	VERTICAL TANK	AMBIENT	<u>ATMOSP</u> HERIC	
7.23	PIN STIRRER TROUGH, FAIL	20-40	1,300-2,100	STAINLESS STEEL
7.25	PLATE, SIDEWALLS	L 100	<u>ATMOSP</u> HERIC.	STEEL
7.6	VERTICAL TANKS	AMBIENT	ATMOSPHERIC	STEEL
7.62	GEAR PUMP	AMBIENT	3,100	STEEL
7.61	GEAR FLOW METER	AMBIENT	3,100	STEEL
7.70	HORIZONTAL TANK	AMBIENT	2,585-6,465	STEEL

 $^{[\}overline{x}]$ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS

	Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
	7.71	GEAR PUMP	AMBIENT	3,100	STEEL
	7.72	TUBE HEAT EXCH.	13-22	3,100	STEEL
	7.73	GEAR FLOW METER	13-22	3,100	STEEL
	7.50	BAGS	AMBIENT	N/A	N/A
7 26	7.27 28, 30, 33,	SLAT CONVEYOR	L 100	<u>ATMOSPH</u> ERIC	STEEL
	3 <u>, 7.89</u>	VENT FANS	20-40	4.3	STEEL
•	7 <u>.80, 7</u> .85	VERTICAL TANKS	AMBIENT	<u>ATMOSPH</u> ERIC	STEEL STAINLESS
	7.88	VERTICAL TANK	20	<u>ATMOSPH</u> ERIC	STEEL
	<u>7.91</u> HI	GH PRESSURE PUMP	20	39,000	<u>STEEL</u> STAINLESS
	7.84	PLATE HEAT EXCH.	45-20	3,100	STEEL
	7.90	TUBE FLOW METER	20	<u>1,500-1</u> ,300	GLASS
	7.14, 7.81 7.86	DESSICANT DRIERS	20-45	ATMOSPHERIC	STEEL
	7.15, 7.82 7.92	VENTS	20-45	ATMOSPHERIC	STEEL
	7.29	TRAVELLING SAW	AMBIENT	<u>N/A</u>	N/A

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

7.04	Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for mor than one process type, photocopy this question and complete it separately for each process type.								
	Process type FLEXIBLE SLABSTOCK FOAM MFG. PROCESS								
	Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition				
	7.31	OVERHEAD CRANE	AMBIENT	N/A	STEEL				
	7.32	LONG BUN ROOM	AMBIENT	N/A	_N/A				
	7.34	SLITTERS	AMBIENT	N/A	N/A				
	7.36	SAWS, SHAPERS, ETC.	AMBIENT	N/A	_N/A				
	7.37	GAS FIRED LAMINATOR	105-165	N/A	STEEL				
	7.39	SEE <u>SECOND PROCES</u> S			 				
				-					
			·.						
	***				a · · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·								
			•						
			•						

[[]_] Mark (X) this box if you attach a continuation sheet.

7.05	Describe each process stream identified in your process block flow diagram(s).	If a
	process block flow diagram is provided for more than one process type, photocopy question and complete it separately for each process type.	this

CBI FLEXIBLE SLABSTOCK FOAM MFG. PROCESS Process type Process Stream ID Process Stream Stream Physical State Code Flow (kg/yr) Description 7SS, 7TT, 7UU, 7VV **BLOWING AGENTS** OL 492,604 7H, 7I COMPOUNDED SLURRY SY2,710,583 7L, 7M POLYOL/ OR COMP'D SLURRY OL/SY 10.268.882 7 N METHYLENE CHLORIDE $_{
m OL}$ U.K. 70 FOAM COMPOUND OL 16.410.141 7Q POLYURETHANE FOAM S0 11,682,700

 $[\overline{X}]$ Mark (X) this box if you attach a continuation sheet.

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)

GU = Gas (uncondensible at ambient temperature and pressure)

SO = Solid

SY = Sludge or slurry

AL = Aqueous liquid

OL = Organic liquid

IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[_]	Process type	REBOND CARPET PA	AD MFG. PROCESS	
	Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
	<u>7D, 7G, 7C</u>	POLYOL	OL	436,921
	<u>7E, 7F, 7C</u>	TDI FLAME	OL	151,236
	<u>7V, 7W, 7</u> I	DE60F RETARDANT	OL	22,592
	7X, 7Y, 7I	RYVEC DYES	OL	12,551
	<u>7H, 7J, 7K</u>	SCRAP FOAM	SO	11,141,864
	<u>7</u> T	REBOND CARPET PAD	SO	11,765,164
	GC = Gas (conde GU = Gas (uncon SO = Solid SY = Sludge or AL = Aqueous li OL = Organic li	quid	and pressure) e and pressure)	

[[]_] Mark (X) this box if you attach a continuation sheet.

Characterize each process stream identified in your process block flow diagram(s). 7.06 If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.) FLEXIBLE SLABSTOCK FOAM MFG. PROCESS Process type b. d. a. c. e. **Process** 0ther Estimated Concentrations^{2,3} Stream Expected Concentrations Known Compounds¹ ID Code (% or ppm) Compounds (% or ppm) (A) (W) 7PP-7QQ X-351 Catalyst (B) U.K. Glycol U.K. (A) (W) (C) Silicone 100% 7PP-700 L-550 N.A. N.A. (A) (W) L-5740 Silicone 100% N.A. N.A. (D) 7PP-7QQ Water (A) (W) 100% N.A. N.A. (A) (W) (G) 7SS-7VV Methylene Chloride 100% N.A. N.A. (A) 7SS-7VV Freon II (A) (W) 100% N.A. N.A. 7H, 7I, 7L, 7M Polyol U.K. N.A. N.A. Solid Additives N.A. U.K. N.A. 70 All Compounds U.K. N.A. N.A. 7N Methylene Chloride 100% N.A. N.A.

100%

7.06 continued below

70

 $[\overline{X}]$ Mark (X) this box if you attach a continuation sheet.

(A) (W)

Polyurethane

N.A.

N.A.

[_]	Process type REBOND CARPET PAD MFG. PROCESS							
	a.	b.	c.	d.	e.			
	Process Stream ID Code	Known Compounds ¹	Concen- trations ^{2,3} (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)			
	7D, 7G	Polyol (A) (W)	_100%	N.A.	N.A.			
					•			
	7E, 7F	TDI (A) (W)	99.9%	HYDROLYZABLE CHLORIDE	0.1%			
	7C, 7I	BINDER (A) (W)	_100%	TDI	25%			
				POLYOL	<u>75</u> %			
	7X, 7Y	DYES (A) (W)	100%	N.A.	N.A.			
	<u>7V, 7W</u>	FRYOL FR2	100%	N.A.	N.A.			
		(A) (W)						
7 K	7H, 7J 7L, 7M	POLYURETHANE FOAM	100%	N. A.	N.A.			
06	continued be	elow						

47 - B

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Components of Additive Package	Concentrations (% or ppm)
D.O.P. (A) (W)	100%
(PLASTICIZER)	
PLURONIC 17R-2 (A) (W)	100%
(COPOLYMER)	

	Additive Package D.O.P. (A) (W) (PLASTICIZER) PLURONIC 17R-2 (A) (W)

²Use the following codes to designate how the concentration was determined:

	Mark (X)	this	box	if	you	attach	а	continuation sheet.	
--	----------	------	-----	----	-----	--------	---	---------------------	--

A = Analytical result

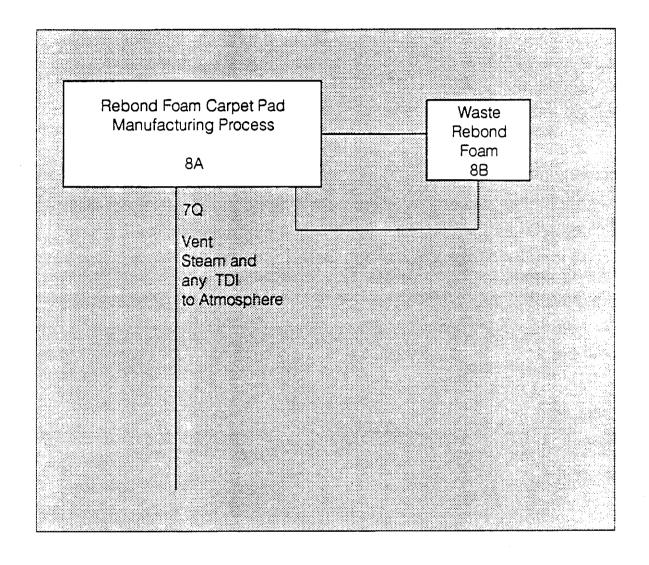
E = Engineering judgement/calculation

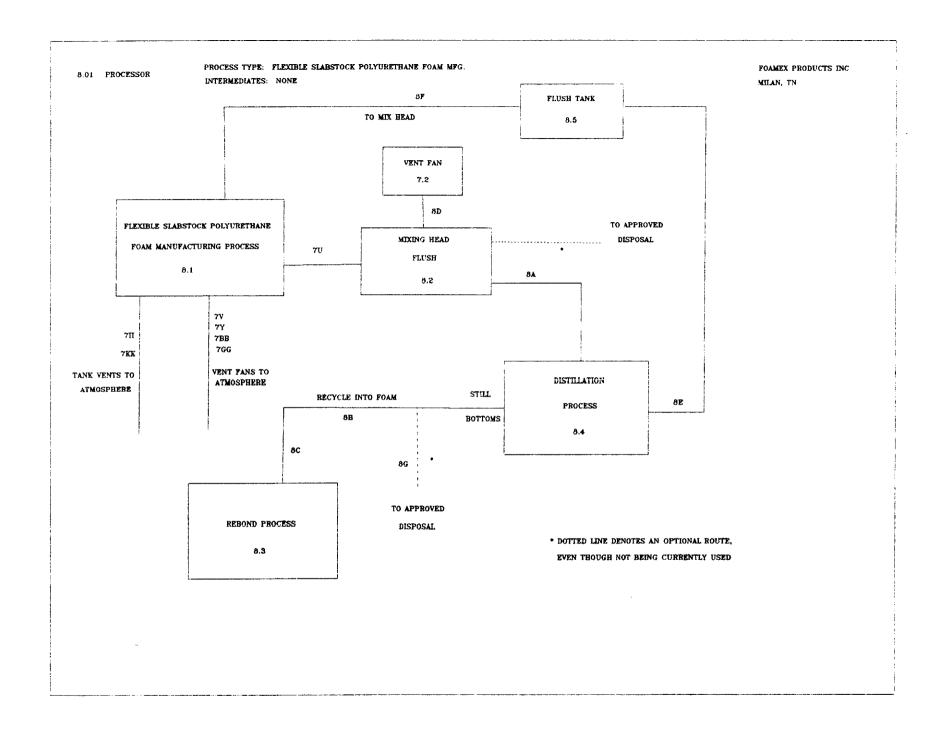
³Use the following codes to designate how the concentration was measured:

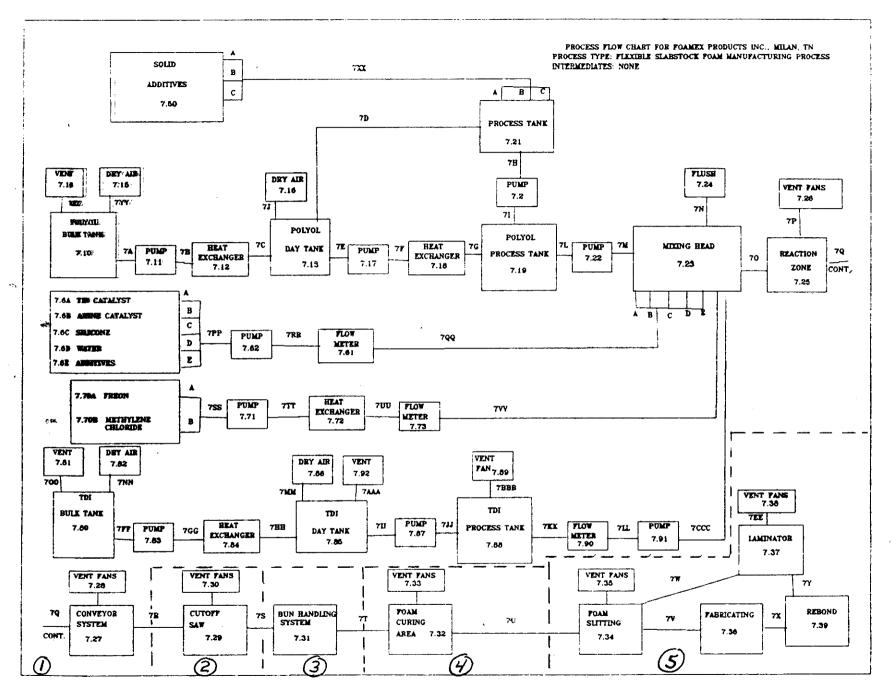
V = Volume

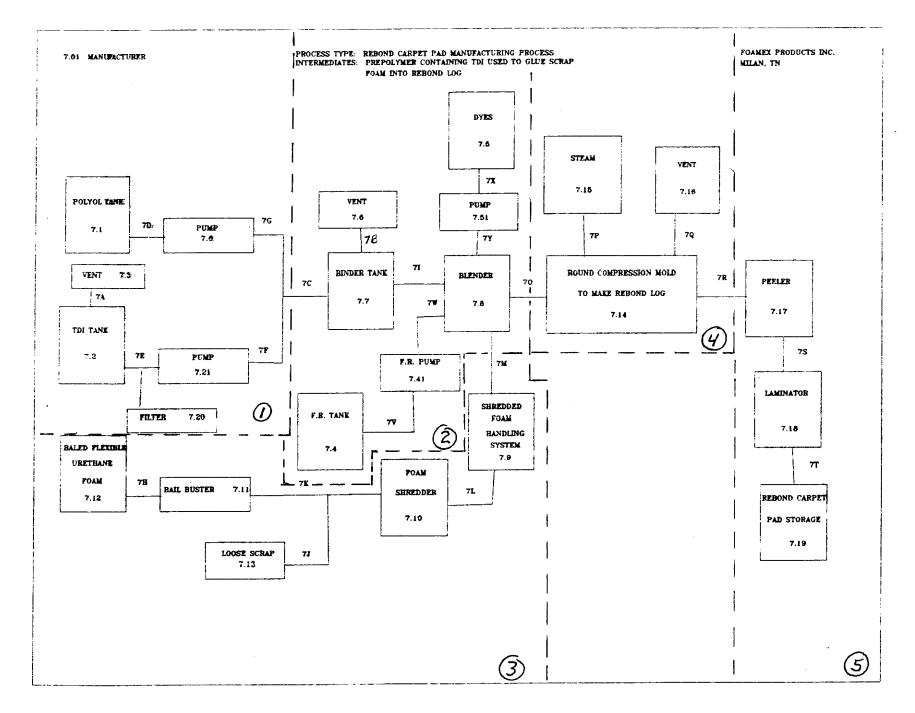
W = Weight

8.01 PROCESS TYPE: Rebond Foam Carpet Pad Manufacturing Process









BI	7.02. Photocopy this	shown in the process block flow diagram in question 7.01 or question and complete it separately for each process type.
_]	Process type	
	Work Area ID	Description of Work Areas and Worker Activities
	2	LEAD OPERATOR IN BONDED OPERATRES BLENDER, FILLS
		MOLDS AND DEMOLDS AS NECESSARY
	•	
	·*·	
	,	

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area. CBI

Process type FLEXIBLE SLABSTOCK POLYURETHANE FOAM MFG. PROCESS Vork area щο

Labor <u>Category</u>	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
G	1	GU	OL	Е	255
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
<u>N/A</u>	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)

GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)

S0 = Solid

SY = Sludge or slurry

AL = Aqueous liquid

OL = Organic liquid

IL = Immiscible liquid

(specify phases, e.g.,

90% water, 10% toluene)

A = 15 minutes or less

B = Greater than 15 minutes, but not exceeding 1 hour

C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours

E = Greater than 4 hours, but not

exceeding 8 hours

F = Greater than 8 hours

²Use the following codes to designate average length of exposure per day:

Mark (X) this box if you attach a continuation sheet.

.06 <u>31</u>	Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.									
_}	Process type FLEXIBLE SLABSTOCK POLYURETHANE FOAM MFG. PROCESS									
	Work area #3									
	Labor Category	Number of Workers Exposed	Mode of Exposi (e.g., dir skin conta	rect	Physical State of Listed Substance	Average Length of Exposure Per Day ²	Number o Days per Year Exposed			
	Н	1	GU		OL	C	255			
	***************************************		-							

	**************************************		***************************************							
		lowing codes to exposure:	o designate th	ne physi	cal state of	the listed su	bstance at			
		condensible at			Sludge or sl					
		rature and pre uncondensible		AL = Aqueous liquid OL = Organic liquid						
		rature and pre			Immiscible l					
	SO = Solid	ides fumes, vap	ors, etc.)		(specify pha 90% water, 1					
	² Use the fol	lowing codes t	o designate av	erage l	ength of expo	sure per day:				
		tes or less				2 hours, but	not			
	B = Greater	than 15 minut ng 1 hour	es, but not		exceeding 4 h	ours 4 hours, but	not			
		than one hour	, but not		exceeding 8 h		110 (
		ng 2 hours			Greater than					

]	Process type	e <u>FLE</u> X	KIBLE SLABST	OCK PO	OLYURETHANE	FOAM MFG.	PROCESS
•	Work area .	• • • • • • • • • • • • • • • • • • • •				#4	
	Labor Category	Number of Workers Exposed	Mode of Exposu (e.g., dir skin conta	ect	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number Days pe Year Expose
	Н	1	GU		OL	С	255
							
							•
	·	**************************************		····			

			****				·
	the point of GC = Gas (tempe GU = Gas (tempe inclu SO = Solid Use the fol A = 15 minu	llowing codes to	ambient ssure) at ambient ssure; ors, etc.) o designate ave	SY = AL = OL = IL = erage 1	Sludge or sladueous lique Organic lique Immiscible less of specify phates of specify phates of specify of specify of exposite of specify of specific specify of specify of specify of specify of specify of specific specify of specify of specific specific specific specify of specific spec	urry id id id iquid ses, e.g., 0% toluene) sure per day: 2 hours, but	
	exceedi C = Greater	than 15 minuting 1 hour than one hour ng 2 hours		E =	exceeding 4 h Greater than exceeding 8 h Greater than	4 hours, but ours	not

]	Process type	e FLE	XIBLE SLABSTO	CK POLYURETHAN	E FOAM MFG.	PROCESS
•	Work area .				#5	
	Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)		Average Length of Exposure Per Day ²	Number Days pe Year Expose
	N/A	N/A	N/A	N/A	N/A	N/A
						-
	**************************************					-
					 	
	Name of Part of State					

						· · · · · · · · · · · · · · · · · · ·
	the point of temper GU = Gas (temper inclusion) SO = Solid	of exposure: (condensible at erature and presondensible at erature and presondes fumes, vapole	ssure) at ambient ssure;	SY = Sludge or s AL = Aqueous liquor OL = Organic liquor IL = Immiscible (specify phonon) 90% water,	lurry uid uid liquid ases, e.g., 10% toluene)	
	A = 15 minu B = Greater exceedi C = Greater	tes or less than 15 minute ng 1 hour than one hour ng 2 hours	es, but not , but not	D = Greater than exceeding 4 l E = Greater than exceeding 8 l F = Greater than	2 hours, but hours 4 hours, but hours	not

	•	•	•		pe and work ar				
_]	Process type REBOND CARPET MANUFACTURING PROCESS								
	Work area	• • • • • • • • • • • • • • • • • • • •		• • • • • • •		#1			
	Labor Category	Number of Workers Exposed	Mode of Exposi (e.g., dir skin conta	rect	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed		
	N/A	N/A	N/A		N/A	N/A	N/A		
							·		
									
									
									
									
	 						-		
	¹ Use the fol the point o	lowing codes to exposure:	o designate th	ne phys:	ical state of	the listed su	bstance a		
		condensible at erature and pre			= Sludge or sl = Aqueous liqu				
	GU = Gas (uncondensible erature and pre	at ambient		= Organic liqu = Immiscible l		·		
		ides fumes, var			(specify pha 90% water, 1				
	² Use the fol	lowing codes t	o designate av	verage :	length of expo	sure per day:			
		ites or less than 15 minut	es, but not	D =	Greater than exceeding 4 h		not		
	exceedi	ng 1 hour than one hour		E =	Greater than exceeding 8 h	4 hours, but	not		
		ng 2 hours	, but not	F =	Greater than				

<u>I</u>	come in con	category at you tact with or be it separately	exposed to the	ne liste	d substance.	Photocopy th		
_]	Process type	<u> REBO</u>	ND CARPET M	ANUFAC'	TURING PROC	CESS		
	Work area					‡2		
	Labor Category	Number of Workers Exposed	Mode of Exposu (e.g., dir skin conta	ect	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number Days pe Year Expose	
	K	2	GU & OL		OL	E	231	

						, , , , , ,		
						New York Control of the Control of t		
								
							· · · · · · · · · · · · · · · · · · ·	
	the point o GC = Gas (tempe GU = Gas (tempe	lowing codes t f exposure: condensible at rature and pre uncondensible rature and pre des fumes, vap	ambient ssure) at ambient ssure;	SY = AL = OL =	Sludge or sl Aqueous liqu Organic liqu Immiscible l (specify pha	urry id id iquid ses, e.g.,	bstance a	
	S0 = Solid 90% water, 10% toluene) 2 Use the following codes to designate average length of exposure per day:							
	A = 15 minu B = Greater exceedi C = Greater		es, but not	D = 0 E = 0	Greater than exceeding 4 h	2 hours, but a ours 4 hours, but a ours		

Process t	ype REB	OND CARPET M	IANUFA	CTURING PRC	CESS	
					#3	
Labor Category	Number of Workers Exposed	Mode of Exposu (e.g., dir skin conta	ect	Physical State of Listed Substance	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
N/A	N/A	N/A		N/A	N/A	N/A
						-

					www.minuter@collections.com/screens/sc	

the point GC = Gas ten GU = Gas ten inc SO = Sol Use the i A = 15 mi B = Great excee	following codes to of exposure: s (condensible at aperature and press (uncondensible aperature and pressludes fumes, vaplid following codes to a code and the code are than 15 minutes or than one hour	ambient ssure) at ambient ssure; ors, etc.) o designate ave	SY = AL = OL = IL = erage 1 D = E =	Sludge or sl Aqueous liqu Organic liqu Immiscible l (specify pha 90% water, 1	urry id id iquid ses, e.g., 0% toluene) sure per day: 2 hours, but ours 4 hours, but	not

ì	and complete it separately for each process type and work area. Process type REBOND CARPET MANUFACTURING PROCESS								
		• • • • • • • • • • • • • • • • • • • •				4			
	Labor Category	Number of Workers Exposed	Mode of Exposi (e.g., dir skin conta	rect	Physical State of Listed Substance	Average Length of Exposure Per Day ²	Number Days pe Year Expose		
	N/A	N/A	N/A	<u>.</u>	_N/A	N/A	N/A		
							·		
		difference and continued and c	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		although the desire of the	age-cathonic and			
						 			
	¹ Use the fol	llowing codes tof exposure:	o designate th	ne physi	cal state of	the listed su	bstance		
	GC = Gas (condensible at			: Sludge or sl				
	GU = Gas (erature and pre uncondensible	at ambient	OL =	Aqueous liqu Organic liqu	id			
		erature and pre ides fumes, vap l		IL =	Immiscible l (specify pha 90% water, 1	ses, e.g.,			
		lowing codes t	o designate av	erage l		•			
		ites or less than 15 minut	es hut not		Greater than exceeding 4 h		not		
	exceedi	ng 1 hour	·	E =	Greater than	4 hours, but	not		
		than one hour ng 2 hours	, but not		exceeding 8 h Greater than				

_,	Process type REBOND CARPET MANUFACTURING PROCESS								
	Work area .				#	5			
	Labor Category	Number of Workers Exposed	Mode of Exposu (e.g., dir skin conta	ect	Physical State of Listed Substance	Average Length of Exposure Per Day ²	Number of Days per Year Exposed		
	N/A	N/A	N/A		N/A	N/A	N/A		
			•						
							*		
				-					
						4-74			
	Use the fol	llowing codes to feep to the exposure:	to designate th	e physic	cal state of	the listed su	ıbstance at		
	tempe GU = Gas (condensible at erature and pre uncondensible erature and pre	essure) at ambient	AL = OL =	Sludge or sl Aqueous liqu Organic liqu Immiscible l	iid iid			
	SO = Solid	ıdes fumes, vap l	oors, etc.)		(specify pha 90% water, 1				
	² Use the fol	lowing codes to designate av		erage length of exposure per day:					
:		ites or less			Freater than exceeding 4 h	2 hours, but	not		

. Dunning to		ELEVIDIE CLADCHOCK DOLVID	DETILINE FORM MEC DROCESS
	-	. FLEXIBLE SLABSTOCK POLYUR	
Labor Cat		8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	#2 15-Minute Peak Exposure Lev (ppm, mg/m³, other-specify
G		.002	.004
N/A		N/A	N/A
			
			the state of the s

BI	area.		
	Process type	FLEXIBLE SLABSTOCK POLYU	RETHANE FOAM MFG. PROCESS
			#3
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)
	Н	UNKNOWN	UNKNOWN
	-		

<u>3I</u> —1	Process type	FLEXIBLE SLABSTOCK POLYUR	ETHANE FOAM MFG. PROCESS
_,	-	• • • • • • • • • • • • • • • • • • • •	#4
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m³, other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)
	Н	UNKNOWN	UNKNOWN .
			

9.07	Weighted Average (TWA	A) exposure levels and the 15-minion and complete it separately for	, indicate the 8-hour Time nute peak exposure levels. or each process type and work
CBI			
[_]	Process type	FLEXIBLE SLABSTOCK POLYU	RETHANE FOAM MFG. PROCESS
	Work area		#5
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)
	N/A	N/A	N/A

	Photocopy this que area.	TWA) exposure levels and the 15-mi estion and complete it separately f	or each process type and work
CBI			
[_]	Process type	REBOND CARPET PAD MANUFAC	TURING PROCESS
	Work area		#1
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m³, other-specify)
	N/A	N/A	N/A
			•
		•	
	400 about 5 ab		

CBI	Process type	REBOND CARPET PAD MFG P	ROCESS	
l1	Process type REBOND CARPET PAD MFG. I		#2	
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)	
	K	U.K.	U.K.	
		<u> </u>		
			-	

BI			PD0.GEGG	
l	Process type	REBOND CARPET PAD MFG. PI		
	Work area		#3	
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m³, other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)	
	N/A	N/A	N/A	
		-		

_					
_]	Process type REBOND CARPET PAD MFG. PROCESS				
	Work area #4				
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m³, other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)		
	N/A	N/A	N/A		
			•		
		<u> </u>			
		·· ·	TO PART TO A SECURE AND A SECUR		
	OFFICE STATE OF STATE				

<u>31</u>					
_]	Process type	CTURING PROCESS			
	Work area	·····	#5		
	Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Leve (ppm, mg/m³, other-specify)		
	N/A	N/A	N/A		
		-	***************************************		
	-				
		AND THE PROPERTY OF THE PROPER			

80.0	If you monitor worke	r exposure	e to the li	sted substa	nce, compl	ete the fo	llowing table
CBI				•			
	Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who	Analyzed In-House (Y/N)	Number of Years Records Maintained
	Personal breathing zone	1,2,3,4	4	8	D	N	INDEFINITE
	General work area (air)	1,2,3,4	4	8	D	N	INDEFINITE
	Wipe samples	N/A	N/A	N/A	N/A	N/A	N/A
	Adhesive patches	N/A	N/A	N/A:	N/A	N/A	N/A
	Blood samples	N/A	N/A	N/A	N/A	N/A	N/A
	Urine samples	N/A	N/A	N/A	N/A	N/A	N/A
	Respiratory samples	N/A	N/A	N/A	N/A	N/A	N/A
	Allergy tests	N/A_	N/A	N/A	N/A	N/A	N/A
	Other (specify)			•			
	Other (specify)		•	· · · · · · · · · · · · · · · · · · ·			
	Other (specify)	44-94-1-1					
	¹ Use the following co	odes to de	signate who	takes the	monitorin	g samples:	
	A = Plant industrial B = Insurance carrie C = OSHA consultant D = Other (specify)	er		ING FACIL	ITY.		
					:		

PART C ENGINEERING CONTROLS

Process type	. FLEXIBLE SI	LABSTOCK POLYURE	THANE FOAM	MFG. PRO	
Work area	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	#2		
Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgrade	
Ventilation:					
Local exhaust	Y	<u>1965 (1</u> 979)	<u>Y</u>	1988	
General dilution	<u>N</u>	N/A	N	N/A	
Other (specify)					
	N	N/A	N	N/A	
Vessel emission controls	N	N/A	N	_N/A	
Mechanical loading or packaging equipment	N	N/A	N	N/A	

 $^{[\}overline{\underline{X}}]$ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

<u>BI</u>	to the listed substance. I process type and work area		question and compl	ete it separat.	ely for each
_]	Process type	FLEXIBLE SI	LABSTOCK POLYUF	RETHANE FOAM	MFG. PROCE
	Work area	•••••		· #3	
	Engineering Controls	Used (Y/N)	Year <u>Installed</u>	Upgraded (Y/N)	Year Upgraded
	Ventilation:				
	Local exhaust	N	N/A	N	N/A
	General dilution	N	N/A	N	N/A
	Other (specify)				
		N	N/A	N	N/A
	Vessel emission controls	N	N/A	N	N/A
	Mechanical loading or packaging equipment	N	N/A	N	N/A

N/A

N/A

PART C ENGINEERING CONTROLS Describe the engineering controls that you use to reduce or eliminate worker exposure .9.12 to the listed substance. Photocopy this question and complete it separately for each process type and work area. CBI Process typeFLEXIBLE SLABSTOCK POLYURETHANE FOAM MFG. PROCESS Used Year Upgraded Year (Y/N)Engineering Controls (Y/N)Installed Upgraded Ventilation: Ν N/A N N/A Local exhaust Ν N/A General dilution Ν N/A Other (specify) Ν N N/A N/A N Vessel emission controls N/A N N/A Mechanical loading or Ν N/A packaging equipment N/AOther (specify)

Ν

N/A

 $^{[\}overline{\underline{x}}]$ Mark (X) this box if you attach a continuation sheet.

2 Describe the engineering co to the listed substance. I process type and work area	Photocopy thi	you us s ques	se to reduce o stion and comp	r eliminate wor lete it separat	ker exposure ely for each
] Process type	. FLEXIBLE	SLAE	STOCK POLYU	RETHAN FOAM	MFG. PROCES
Work area				#5	
Engineering Controls	Used (Y/N)		Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:					
Local exhaust	<u>N</u>		N/A	N	N/A
General dilution	N		N/A	N	N/A
Other (specify)			<i>;</i>		
	N		N/A	N	N/A
Vessel emission controls	N		N/A	N	N/A
Mechanical loading or packaging equipment	N		N/A	N	N/A
Other (specify)					
	N		N/A	N	N/A

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

Process type	REBOND C	'ARPE'	PAD MFG. P	-	
Work area				#1	
Engineering Controls	Used (Y/N)	_	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:					
Local exhaust	N	-	N/A	<u>N</u>	N/A
General dilution	<u> </u>	-	N/A	N	N/A
Other (specify)			;		
44.4-44.4-44.4	N		N/A	N	N/A
Vessel emission control	s N	-	N/A	N	N/A
Mechanical loading or packaging equipment	N		N/A	N	N/A
Other (specify)			•		
	N		N/A	N	N/A

 $^{[\}overline{X}]$ Mark (X) this box if you attach a continuation sheet.

PART	C ENGINEERING CONTROLS				
.9.12	Describe the engineering co to the listed substance. P process type and work area.	hotocopy thi	you use to reduce or s question and comple	eliminate won te it separat	rker exposure tely for each
CBI			•		
[_]	Process type	. REBOND C	ARPET PAD MFG. PR	OCESS	
	Work area			#2	
	Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
	Ventilation:				
	Local exhaust	<u>Y</u>	1984	<u> </u>	1986
	General dilution	N	N/A	N	N/A
	Other (specify)		*		
	Approximation and the second s	N	N/A	N	N/A
	Vessel emission controls	N	N/A	N	N/A
	Mechanical loading or packaging equipment	N	N/A	N	N/A
	Other (specify)		•		
		N	N/A	N	N/A

PART	C ENGINEERING CONTROLS				
9.12 CBI	Describe the engineering c to the listed substance. process type and work area	Photocopy this	u use to reduce o question and comp	r eliminate wor lete it separat	ker exposur ely for eac
[_]	Process type	REBOND CAF	RPET PAD MFG. I	PROCESS	
	Work area			#3	
	Fngineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded

Ventilation: Local exhaust N N/A N/A N General dilution N/A Ν N/A Other (specify) N N/A N N/A N N/AN N/A Vessel emission controls Mechanical loading or N N/A N/A packaging equipment Other (specify)

N/A

N

N/A

N

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

] Process type	REBOND C	ARPET I	PAD MFG. P	ROCESS	
Work area				#4	
Engineering Controls	Used (Y/N)		Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:					
Local exhaust	Y	. <u></u>	1984	Y	1986
General dilution	N		N/A	N	N/A
Other (specify)			<i>;</i>		
	N		N/A	N	N/A
Vessel emission controls	s <u>N</u>		N/A	N	N/A
Mechanical loading or packaging equipment	N		N/A	N	N/A
Other (specify)		Ť			
	N		N/A	N	N/A

 $^{[\}overline{x}]$ Mark (X) this box if you attach a continuation sheet.

.9.12 <u>CBI</u>	Describe the engineering controls that you use to reduce or eliminate worker exposur to the listed substance. Photocopy this question and complete it separately for eac process type and work area.								
[_]	Process type REBOND CARPET PAD MFG. PROCESS								
	Work area				•• #5				
	Engineering Controls	Used (Y/N)		Year Installed	Upgraded (Y/N)	Year Upgraded			
	Ventilation:								
	Local exhaust	N		N/A	N	N/A			
	General dilution	<u> </u>		N/A	N	N/A			
	Other (specify)			<i>;</i>					
		N	• • •	N/A	N	N/A			
	Vessel emission controls	N		N/A	N	N/A			
	Mechanical loading or packaging equipment	N	-	N/A	N	N/A			
	Other (specify)		•						
		N	-	N/A	N	N/A			
		•							
				· ·		·			

9.13 CBI	Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.						
1	Process type FLEXIBLE SLABSTOCK POLYURETHA						
	Work area Equipment or Process Modification	#2 Reduction in Worker Exposure Per Year (%)					
	N/A	N/A					
	`.						
		·					

13 <u>I</u>	Describe all equipment or process modifications you have ma prior to the reporting year that have resulted in a reducti the listed substance. For each equipment or process modifithe percentage reduction in exposure that resulted. Photocomplete it separately for each process type and work area.	ion of worker exposure t fication described, state ocopy this question and		
]	Process type FLEXIBLE SLABSTOCK POLYURETHAN Work area	E FOAM MF #		
	Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)		
	N/A	N/A		
	<u> </u>			
	-			
			·	
			-	

t c	the listed substance. For each equipment or process modification in exposure that resulted. Photocomplete it separately for each process type and work area. Process type FLEXIBLE SLABSTOCK POLYURETHAL	ocopy this question and		
- W	ork area	#4		
_	Equipment or Process Modification	Reductior Exposure F	n in Worke Per Year ()	
	N/A	N/A		
	•			
		*		
		•		

 the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area. Process type FLEXIBLE SLABSTOCK POLYURETHANE FOAM MFG. PROCESS				
 Work area	#5	Mrg. PROCI		
Equipment or Process Modification	Reduction	on in Worker Per Year (%		
N/A	N/A			
•				
·				
		-		
· .				
a de la companya de		·		

3	Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure t the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.				
]	Process type REBOND CARPET PAD MANUFACTURI	NG PROCE	SS		
	Work area	#1			
	Equipment or Process Modification	Reduction in Work Exposure Per Year			
	N/A	N/A			
		- In			
	·				
			÷		

Work area	complete it separately for each process type and work area. Process type REBOND CARPET PAD MFG. PROCESS #2				
	tion in Worker re Per Year (%	Reducti			
	A	N/A			
			<u> </u>		

			•		
•			•		

Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure the listed substance. For each equipment or process modification described, sta the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.				
•			OCESS	
Work area	• • • • • • • • • • • • •	·· #3	on in Worke	
Equipment or Process Modificati	on		Per Year (
N/A		N/	A	
	<i>:</i>			
. •				
	*			
•				
	•			
	,			
		•		

. Process type	the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area. Process type REBOND CARPET PAD MFG. PROCESS				
•		#4			
	t or Process Modification		on in Worker Per Year (%		
N/A		N/A			
	·				
	***:				
	-				
	•				
	;				
	•		,		
	;		·		

Ī	Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.				
_]	Process type REBOND CARPET PAD MFG. PROCESS				
	Work area	#5			
	Equipment or Process Modification	Reduction in Worker Exposure Per Year (%			
	N/A	N/A			
	·				
	•				

PART	D PERSONAL PROTECTI	VE AND SAFETY EQUIPMENT				
9.14 CBI	in each work area i	al protective and safety equal norder to reduce or eliminary this question and comple	ate	their expo	sure to th	e listed
[]	Process type	FLEXIBLE SLABSTOCK F	OL	/URETHANE	E FOAM ME	G. PROCESS
					#5	,
		Equipment Types		Wear or Use (Y/N)		
		Respirators		N		
		Safety goggles/glasses		N		
		Face shields		N		
		Coveralls		Ŋ		
		Bib aprons		N		
		Chemical-resistant gloves		N		
		Other (specify)				
		•	•			
			•			
				•		
				•		,
				\		
		• • • • • • • • • • • • • • • • • • • •				

PART		VE AND SAFETY EQUIPMENT		••		
9.14 CBI	Describe the personation each work area is substance. Photocological and work area.	al protective and safety equal norder to reduce or eliminary this question and comple	ate te :	their exp it separat	osure to ely for	the listed each process type
[_]	Process type	FLEXIBLE SLABSTOCK F	OL.	YURETHAN	E FOAM	MFG. PROCESS
	Work area		 .			#2
		Equipment Types		Wear or Use (Y/N)		
		Respirators		Y		
		Safety goggles/glasses		 У		
		Face shields		N		
		Coveralls		N		
		Bib aprons				
				N		
		Chemical-resistant gloves		N		
		Other (specify)				
				·		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
		· .				
			•			
		•				
				•		
				÷		

9.14 CBI	in each work area	onal protective and safety equi in order to reduce or eliminat copy this question and complete	e their exp	osure to t	he listed
[_]	Process type	FLEXIBLE SLABSTOCK PO	OLYURETHAI	NE FOAM M	IFG. PROCES
	Work area				#3
		Equipment Types	Wear or Use (Y/N)		
		Respirators Safety goggles/glasses	N		
		Face shields	N N		
		Coveralls	N		
		Bib aprons	N		
		Chemical-resistant gloves	N		
		Other (specify)			
			· · · · · · · · · · · · · · · · · · ·		
		•			
		•	;		·

PART	D PERSONAL PROTECTI	VE AND SAFETY EQUIPMENT	,				
9.14	in each work area i	scribe the personal protective and safety equipment that your workers wear or use each work area in order to reduce or eliminate their exposure to the listed bstance. Photocopy this question and complete it separately for each process typed work area.					
CBI		FIEVIDIE CIADOMOCE DOIVI	IDEMU V VIE	EOAM MEC	DDOCECC		
[_]		FLEXIBLE SLABSTOCK POLYU					
	Work area	•••••		#4	,		
		Equipment Types	Wear or Use (Y/N)				
		Respirators	N	_			
		Safety goggles/glasses	N				
		Face shields	N	_			
		Coveralls	N	_			
		Bib aprons	N				
		Chemical-resistant gloves	N				
		Other (specify)					
			•.				
		·					
				·			
			z.				
			·				

9.14 CBI	in each work area	nal protective and safety equi in order to reduce or eliminat opy this question and complete	e their exp	osure to the	e listed
	Process type	REBOND CARPET PAD M	FG. PROCE	SS	
				#1	,
		rg and the state of the state o			
		Fauinment Types	Wear or Use (Y/N)		
		Equipment Types	N		
		Respirators Safety goggles/glasses	N		
		Face shields	N		
		Coveralls	N		
		Bib aprons	- N		
		Chemical-resistant gloves	N		
		Other (specify)			
		•			
		•			
			;		
			•		
			÷		
				·	

PART	D PERSONAL PROTECTI	VE AND SAFETY EQUIPMENT	.,		
9.14 CBI	in each work area i	nal protective and safety equip in order to reduce or eliminate opy this question and complete	e their expo	sure to the list	ed
[_]	Process type	REBOND CARPET PAD MFG	. PROCESS		
	Work area			#2	,
		Equipment Types	Wear or Use (Y/N)		
		Respirators	Y		
		Safety goggles/glasses	N		
		Face shields	N		
		Coveralls	N		
		Bib aprons	_ N		
		Chemical-resistant gloves	N		
		Other (specify)			
			· · · · · · · · · · · · · · · · · · ·		
		-			
		•	,		
		· · · · · · · · · · · · · · · · · · ·			
		,			

 $[\,\overline{\underline{X}}\,]$ Mark (X) this box if you attach a continuation sheet.

PART	D PERSONAL PROTECTI	VE AND SAFETY EQUIPMENT			
9.14 CBI	in each work area i	nal protective and safety equipon order to reduce or eliminate ppy this question and complete	their exp	osure to the	listed
[-]	Process type	REBOND CARPET PAD MF	G. PROCE	SS .	
				#3	,
		Equipment Types	Wear or Use (Y/N)		
		Respirators	N		
		Safety goggles/glasses	N		
		Face shields	N		
		Coveralls	N		
		Bib aprons	N		
		Chemical-resistant gloves	N		
		Other (specify)			
		· · · · · · · · · · · · · · · · · · ·			
		•		4 · *	
			•		
			· •	•	

PART	D PERSONAL PROTECT	IVE AND SAFETY EQUIPMENT		· •			
9.14 CBI	in each work area:	nal protective and safety equin order to reduce or eliminately this question and complet	ite	their expo	osure to	o the l	isted
	Process type	REBOND CARPET P	λD	MEC DO	ncess	•	
[_]		REBOND CARFEL F				#4	,
	work area		•••				
		Equipment Types Respirators		Wear or Use (Y/N) N			,
		Safety goggles/glasses		N			
		Face shields		N			
		Coveralls		<u>N</u>			
		Bib aprons		N			
		Chemical-resistant gloves		N			
		Other (specify)					
		÷.					
		•	*				
				2			•
				•			
			•	\			
				•	•		

9.14 CBI	in each work area	nal protective and safety equi in order to reduce or eliminat opy this question and complete	e their e	xposure to t	he listed
[_]	Process type	REBOND CARPET PAD M	MFG. PRO	CESS	•
	Work area			#5	,
		Equipment Types Respirators Safety goggles/glasses Face shields Coveralls Bib aprons	Wear or Use (Y/N) N N N N N	r 	
		Chemical-resistant gloves	N	<u></u>	
		Other (specify)	· · · · · · · · · · · · · · · · · · ·		
		•.	·		
			,		

[_]	Process	type REBOND CA	RPET PAD	MFG. PRO	CESS	
	Work Area	Respirator Type	Average _Usage ¹	Fit Tested (Y/N)	Type of Fit Test	Frequency of Fit Tests (per year)
	_2	HALF FACE DUAL FILTER	<u> </u>	<u> </u>	QL	AS NEEDED

,	E = Oth ² Use the $QL = Qt$	⊵kĺy	e the type	 of fit tes	t:	

101 - A

9.19 <u>CBI</u>	Describe all of the work peliminate worker exposure authorized workers, mark a monitoring practices, provuestion and complete it s	to the listed sureas with warning ide worker train	ubstance (e.g. ng signs, insu ning programs,	., restrict en ure worker det , etc.). Phot	ntrance only to tection and tocopy this
[_]	Process type FLEXI	BLE SLABSTOCE	C POLYURETH	ANE FOAM ME	FG. PROCESS
	Work area		• • • • • • • • • • • •	#2	
	1) ENTRANCE RESTRICTE	D ONLY TO AUI	HORIZED EM	PLOYEES	
	2) WORK AREAS ARE MAR	KED WITH APPR	OPRIATE WAI	RNING SIGNS	
	3) EMPLOYEES ARE MONI	TORED ON REGU	LAR BASIS	FOR DETECTI	NG EXPOSURE LEVE
	4) EMPLOYEES ARE TRAI	NED IN ALL PH	ASES OF OU	R RIGHT-TO-	KNOW PROGRAM
	5) EQUIPMENT IS ARRAN	GED TO MINIZE	EXPOSURE	TO EMPLOYEE	S
	6) LOCATION OF THIS W	ORK AREA IS I	SOLATED FRO	OM OTHER ME	G. PROCESSES
9.20	Indicate (X) how often you leaks or spills of the lis separately for each proces	ted substance.	Photocopy thi		
	Process type FLE	XIBLE SLABSTO	CK POLYURE	THANE FOAM	MFG. PROCESS
	Work area		•	#2	
	Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
	Sweeping	X	N/A	N/A	N/A
	Vacuuming	N/A	N/A	N/A	N/A
	Water flushing of floors	N/A	N/A	N/A	N/A
	Other (specify)				
		N/A	N/A	N/A	N/A

[<u>X</u>]	Mark	(X)	this	box	if	you	attach	а	${\tt continuation}$	sheet

9.19 <u>CBI</u>	Describe all of the work peliminate worker exposure authorized workers, mark a monitoring practices, providestion and complete it s	to the listed su areas with warning dide worker train	nbstance (e.g. ng signs, inst ning programs,	, restrict en ure worker det etc.). Phot	ntrance only to tection and tocopy this
[_]	Process type FLEX	KIBLE SLABSTOC	CK POLYURET	HANE FOAM M	IFG. PROCESS
	Work area				
	1) ENTRANCE RESTRICTE	THE OT VINO OF	'HORIZED EM'	PLOYEES	
	2) WORK AREAS ARE MAR				
		-			
	4) EMPLOYEES ARE TRAI				
	5) LOCATION OF THE WO	ORK AREA IS IS	SOLATED FROM	M OTHER MEG	FROCESSES
3.20	Indicate (X) how often you	ted substance.	Photocopy thi	s question ar	nd complete it
7.2 0	leaks or spills of the lisseparately for each process Process type FLEXI Work area	sted substance. ss type and work IBLE SLABSTOCK	Photocopy thi area. C POLYURETH.	s question an	nd complete it
7.20	leaks or spills of the lisseparately for each process Process type FLEXI	sted substance. ss type and work IBLE SLABSTOCK	Photocopy thi area. C POLYURETH.	s question an	nd complete it
7.20	leaks or spills of the lisseparately for each process Process type FLEXI Work area	sted substance. ss type and work IBLE SLABSTOCK Less Than	Photocopy thi area. C POLYURETH 1-2 Times	AN FOAM MFO#3	More Than 4
7.20	leaks or spills of the lisseparately for each process Process type FLEXI Work area	sted substance. SS type and work IBLE SLABSTOCK Less Than Once Per Day	Photocopy this area. C POLYURETH 1-2 Times Per Day	AN FOAM MFO #3 3-4 Times Per Day	More Than 4 Times Per Day
7.20	leaks or spills of the lisseparately for each process Process type FLEXI Work area Housekeeping Tasks Sweeping	ted substance. Sted su	Photocopy this area. C POLYURETH. 1-2 Times Per Day N/A	AN FOAM MFO #3 3-4 Times Per Day N/A	More Than 4 Times Per Day
7.20	leaks or spills of the lisseparately for each process Process type FLEXI Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day N/A	Photocopy this area. C POLYURETH 1-2 Times Per Day N/A N/A	3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A
9.20	leaks or spills of the liss separately for each process. Process type FLEXI Work area	Less Than Once Per Day N/A	Photocopy this area. C POLYURETH 1-2 Times Per Day N/A N/A N/A	3-4 Times Per Day N/A N/A N/A	More That Times Per N/A N/A
7.20	leaks or spills of the liss separately for each process. Process type FLEXI Work area	Less Than Once Per Day N/A	Photocopy this area. C POLYURETH 1-2 Times Per Day N/A N/A	3-4 Times Per Day N/A N/A	More Than Times Per D N/A N/A
7.20	leaks or spills of the liss separately for each process. Process type FLEXI Work area	Less Than Once Per Day X N/A N/A	Photocopy this area. C POLYURETH 1-2 Times Per Day N/A N/A N/A	3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A
7.20	leaks or spills of the liss separately for each process. Process type FLEXI Work area	Less Than Once Per Day X N/A N/A	Photocopy this area. C POLYURETH 1-2 Times Per Day N/A N/A N/A	3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A

).19 (BI	Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.						
1	Process type FLEXI	BLE SLABSTOCK	POLYURETHA	NE FOAM MF	G. PROCESS		
	Work area						
	1) ENTRANCE RESTRICTE	D ONLY TO AUT	HORIZED EMF	LOYEES			
	2) WORK AREAS ARE MAR	KED WITH APPR	OPRIATE WAR	RNING SIGNS			
	3) EMPLOYEES ARE MONI	TORED ON A RE	GULAR BASIS	FOR DETEC	TION OF EXPOS		
	4) EMPLOYEES ARE TRAI	NED IN ALL PH	ASES OF OUF	R RIGHT-TO-	KNOW PROGRAM		
	5) WORK AREA IS ARRAN	GED TO MINIMI	ZE EXPOSURE				
. 20	Indicate (X) how often you leaks or spills of the lis separately for each process Process type FLEX	sted substance. ss type and work	Photocopy thi area.	s question ar	nd complete it		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area	sted substance. ss type and work IBLE SLABSTOC Less Than	Photocopy thi area. K POLYURETH 1-2 Times	s question ar HANE FOAM M #4 3-4 Times	FG. PROCESS More Than 4		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area	ted substance. s type and work IBLE SLABSTOC Less Than Once Per Day	Photocopy thi area. K POLYURETH 1-2 Times Per Day	s question ar HANE FOAM M #4 3-4 Times Per Day	More Than 4 Times Per Day		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area	ted substance. ss type and work IBLE SLABSTOC Less Than Once Per Day X	Photocopy thi area. K POLYURETH 1-2 Times Per Day N/A	HANE FOAM M #4 3-4 Times Per Day N/A	More Than 4 Times Per Day		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day X N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A	s question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	ted substance. ss type and work IBLE SLABSTOC Less Than Once Per Day X	Photocopy thi area. K POLYURETH 1-2 Times Per Day N/A	HANE FOAM M #4 3-4 Times Per Day N/A	More Than 4 Times Per Day		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day X N/A N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A N/A	S question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A		
.20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A	S question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A N/A	S question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A		
. 20	leaks or spills of the lisseparately for each process Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A N/A	S question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A		
.20	leaks or spills of the lisseparately for each proces Process type FLEX Work area Housekeeping Tasks Sweeping Vacuuming Vacuuming Vater flushing of floors Other (specify)	Less Than Once Per Day X N/A N/A	Photocopy this area. K POLYURETH 1-2 Times Per Day N/A N/A N/A	S question ar HANE FOAM M #4 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A		

9.19 CBI	Describe all of the work peliminate worker exposure authorized workers, mark a monitoring practices, provuestion and complete it s	to the listed su creas with warning dide worker train	bstance (e.g. g signs, insu ing programs,	, restrict en ire worker det etc.). Phot	trance only to tection and tocopy this		
[_]	Process type FLAE	YTRLE SLARSTO	OCK POLVIIRE	PHANE FOAM	MFG. PROCESS		
	Work area				III d. I Nochoo		
		N / 7					
•		N/A		•	•		
					the state of the second state of the state of		
			1. 1.1.		- 114 to		
. 20	Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.						
9.20	leaks or spills of the lis separately for each process Process type FLEXI	ted substance. ss type and work IBLE SLABSTOCE	Photocopy thi area. C POLYURETH	s question an	d complete it		
9.20	leaks or spills of the lis separately for each proces	ted substance. ss type and work IBLE SLABSTOCE	Photocopy thi area. C POLYURETH	s question an	d complete it		
9.20	leaks or spills of the lis separately for each process Process type FLEXI	ted substance. ss type and work IBLE SLABSTOCE	Photocopy thi area. C POLYURETH	s question an	G. PROCESS More Than 4		
9.20	leaks or spills of the lis separately for each process Process type FLEXI Work area	ted substance. s type and work IBLE SLABSTOCE	Photocopy thi area. C POLYURETH. 1-2 Times	s question and ANE FOAM MF #5	G. PROCESS More Than 4		
9.20	leaks or spills of the lis separately for each process Process type FLEXI Work area	ted substance. s type and work IBLE SLABSTOCK Less Than Once Per Day	Photocopy thi area. C POLYURETH. 1-2 Times Per Day	ANE FOAM MF #5 3-4 Times Per Day	More Than 4 Times Per Day		
9.20	leaks or spills of the lis separately for each process Process type FLEXI Work area	Less Than Once Per Day	Photocopy thi area. C POLYURETH. 1-2 Times Per Day N/A	ANE FOAM MF #5 3-4 Times Per Day N/A	More Than 4 Times Per Day		
9.20	leaks or spills of the lis separately for each process Process type FLEXI Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day N/A	Photocopy thi area. C POLYURETH. 1-2 Times Per Day N/A N/A	ANE FOAM MF #5 3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A		

e.19 Describe all of the weliminate worker exponsional authorized workers, monitoring practices, question and complete	sure to the listed swark areas with warning provide worker train	ibstance (e.g. ng signs, inst ning programs,	, restrict en ure worker de etc.). Phot	ntrance only to tection and tocopy this
] Process type	REBOND CARPET PAI	O MFG. PROC	ESS	•
Work area				
	N/A			
00 T.H. A. (11) 1			_1_ 1	
.20 Indicate (X) how ofte leaks or spills of th separately for each p Process type	e listed substance. rocess type and work REBOND CARPET PA	Photocopy thi area. D MFG. PROC	s question ar	nd complete it
leaks or spills of th separately for each p	e listed substance. rocess type and work REBOND CARPET PA	Photocopy thi area. D MFG. PROC 1-2 Times	ESS #1	nd complete it
leaks or spills of th separately for each p Process type Work area	e listed substance. rocess type and work REBOND CARPET PAI	Photocopy thi area. D MFG. PROC 1-2 Times	ESS #1	More Than 4
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks	e listed substance. rocess type and work REBOND CARPET PAI Less Than Once Per Day	Photocopy thi area. D MFG. PROC 1-2 Times Per Day N/A	ESS #1 3-4 Times Per Day	More Than 4
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping	e listed substance. rocess type and work REBOND CARPET PAI Less Than Once Per Day N/A N/A	Photocopy thi area. D MFG. PROC 1-2 Times Per Day N/A	ESS #1 3-4 Times Per Day N/A	More Than 4 Times Per Day
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping Vacuuming	e listed substance. rocess type and work REBOND CARPET PAI Less Than Once Per Day N/A N/A	Photocopy thi area. D MFG. PROC 1-2 Times Per Day N/A N/A	#1 3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of flo	e listed substance. rocess type and work REBOND CARPET PAI Less Than Once Per Day N/A N/A	Photocopy thi area. D MFG. PROC 1-2 Times Per Day N/A N/A	#1 3-4 Times Per Day N/A N/A	More Than 4 Times Per Da N/A
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of flo	e listed substance. rocess type and work REBOND CARPET PARAMETERS Less Than Once Per Day N/A N/A N/A N/A	Photocopy this area. D MFG. PROC 1-2 Times Per Day N/A N/A N/A	#1 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of flo	e listed substance. rocess type and work REBOND CARPET PARAMETERS Less Than Once Per Day N/A N/A N/A N/A	Photocopy this area. D MFG. PROC 1-2 Times Per Day N/A N/A N/A	#1 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A
leaks or spills of th separately for each p Process type Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of flo	e listed substance. rocess type and work REBOND CARPET PARAMETERS Less Than Once Per Day N/A N/A N/A N/A	Photocopy this area. D MFG. PROC 1-2 Times Per Day N/A N/A N/A	#1 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A

9.19 CBI	Describe all of the work peliminate worker exposure authorized workers, mark a monitoring practices, prov question and complete it s	to the listed sureas with warning ide worker train	abstance (e.g. ng signs, insu ning programs,	, restrict en are worker det etc.). Phot	ntrance only to tection and tocopy this
[_]	Process type RE	BOND CARPET I	PAD MFG. PR	OCESS	•
	Work area	• • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	·· <u>#2</u>	
	1) ENTRANCE RESTRICTE 2) WORK AREAS ARE MAR				3 .
	3) EMPLOYEES ARE MONI	TORED ON A RI	EGULAR BASI	S FOR DETEC	CTION OF EXPOSUR
		NIDD TNI ATT DI	HASES OF OU	R RIGHT-TO-	-KNOW PROGRAM_
	4) EMPLOYEES ARE TRAD	NED IN YPP bi			
	4) EMPLOYEES ARE TRAD			E TO EMPLOY	YEES
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis	NGED TO MINIM ORK AREA IS IS perform each ho ted substance.	IZE EXPOSUR SOLATED FRO ousekeeping ta Photocopy thi	M OTHER EMI	PLOYEES'WORK ARE
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON	NGED TO MINIMED TO MIN	IZE EXPOSUR SOLATED FRO ousekeeping ta Photocopy thi area. MFG. PROCE	M OTHER EMP ask used to cl s question and	PLOYEES'WORK ARE
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process	NGED TO MINIMED TO MIN	IZE EXPOSUR SOLATED FRO ousekeeping ta Photocopy thi area. MFG. PROCE	M OTHER EMI sk used to cl s question an	PLOYEES'WORK ARE
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON	NGED TO MINIMED TO MIN	IZE EXPOSUR SOLATED FRO ousekeeping ta Photocopy thi area. MFG. PROCE	M OTHER EMP ask used to cl s question and	PLOYEES'WORK ARE
2.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON Work area	NGED TO MINIMEDRE AREA IS IS perform each hoted substance. s type and work ND CARPET PAD Less Than	IZE EXPOSUR SOLATED FRO susekeeping ta Photocopy thi area. MFG. PROCE	M OTHER EMI ask used to cl s question an SS #2 3-4 Times	PLOYEES'WORK ARE lean up routine nd complete it More Than 4
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON Work area	DRK AREA IS IS perform each hoted substance. s type and work ND CARPET PAD Less Than Once Per Day	IZE EXPOSUR SOLATED FRO susekeeping ta Photocopy thi area. MFG. PROCE 1-2 Times Per Day	M OTHER EMI ask used to clus question and SS #2 3-4 Times Per Day	PLOYEES'WORK ARE lean up routine nd complete it More Than 4 Times Per Day
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON Work area	PRESENTATION OF THE PROPERTY O	IZE EXPOSUR SOLATED FRO susekeeping ta Photocopy thi area. MFG. PROCE 1-2 Times Per Day N/A	M OTHER EMPLISH USE TO CILL SERVICE TO CILL SE	PLOYEES'WORK ARE lean up routine nd complete it More Than 4 Times Per Day N/A
9.20	5) EQUIPMENT IS ARRAN 6) BONDED OPERATOR WO Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBON Work area	PRESENTATION OF THE PROPERTY O	IZE EXPOSUR SOLATED FRO susekeeping ta Photocopy thi area. MFG. PROCE 1-2 Times Per Day N/A N/A	M OTHER EMP Ask used to clus question and services are services as a service are services as a	PLOYEES'WORK ARE lean up routine nd complete it More Than 4 Times Per Day N/A N/A

. 19 <u>31</u>	Describe all of the work peliminate worker exposure authorized workers, mark a monitoring practices, provuestion and complete it s	to the listed su creas with warning vide worker train	ibstance (e.g. ng signs, inst ning programs,	, restrict en are worker det etc.). Phot	ntrance only to tection and tocopy this
_j	Process type REBC	OND CARPET PAI	MFG. PROC	ESS	•
	Work area				
	•				
-	N/A				
20	Indicate (X) how often you leaks or spills of the lis separately for each proces	ted substance. s type and work	Photocopy thi area.	s question an	
20	leaks or spills of the lis separately for each proces Process type REE Work area	ted substance. s type and work SOND CARPET PA	Photocopy this area. AD MFG. PRO 1-2 Times	CESS #3	More Than 4
20	leaks or spills of the lis separately for each proces Process type REE Work area	ted substance. s type and work BOND CARPET PA Less Than Once Per Day	Photocopy this area. AD MFG. PRO 1-2 Times Per Day	CESS #3 3-4 Times Per Day	More Than 4
20	leaks or spills of the lis separately for each proces Process type REE Work area	ted substance. s type and work BOND CARPET PA Less Than Once Per Day N/A	Photocopy this area. AD MFG. PRO 1-2 Times	CESS #3 3-4 Times Per Day N/A	More Than 4 Times Per Da
20	leaks or spills of the lis separately for each proces Process type REE Work area	ted substance. s type and work BOND CARPET PA Less Than Once Per Day	Photocopy this area. AD MFG. PRO 1-2 Times Per Day N/A N/A	CESS #3 3-4 Times Per Day	More Than 4
20	leaks or spills of the lis separately for each proces Process type REE Work area	Less Than Once Per Day N/A	Photocopy this area. AD MFG. PROD 1-2 Times Per Day N/A	S question and CESS #3 3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A
20	leaks or spills of the lis separately for each proces Process type REE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A	Photocopy this area. AD MFG. PROD 1-2 Times Per Day N/A N/A N/A	S question and CESS #3 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A
20	leaks or spills of the lis separately for each proces Process type REE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A	Photocopy this area. AD MFG. PRO 1-2 Times Per Day N/A N/A	S question and CESS #3 3-4 Times Per Day N/A N/A	More Than 4 Times Per Da N/A N/A N/A
20	leaks or spills of the lis separately for each proces Process type REE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors Other (specify)	Less Than Once Per Day N/A N/A	Photocopy this area. AD MFG. PROD 1-2 Times Per Day N/A N/A N/A	S question and CESS #3 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A
20	leaks or spills of the lis separately for each proces Process type REE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A	Photocopy this area. AD MFG. PROD 1-2 Times Per Day N/A N/A N/A	S question and CESS #3 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A

9.19 <u>CBI</u>	Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.											
[_]	Process type REBOND CARPET PAD MFG. PROCESS											
	Work area				· · · · · · · · · · · · · · · · · · ·							
	1) EQUIPMENT IS ISOI	LATED FROM OTH	IER WORK AR	EAS (NORMAL	LY THE BONDE							
	OPERATOR FROM WOR	RK AREA #2 WOU	LD BE THE	ONLY EMPLOY	EE ENTERING							
	THIS AREA.)											
	leaks or spills of the listed substance. Photocopy this question and comples separately for each process type and work area. Process type REBOND CARPET PAD MFG. PROCESS Work area #4											
	Process type RE	ss type and work	AD MFG. PRO	·								
	Process type RE	ss type and work	AD MFG. PRO	OCESS	More Than 4							
	Process type RE Work area	EBOND CARPET F	AD MFG. PRO	DCESS #4 3-4 Times	More Than 4							
	Process type RE Work area Housekeeping Tasks	EBOND CARPET F Less Than Once Per Day	AD MFG. PRO 1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day							
	Process type RE Work area Housekeeping Tasks Sweeping	EBOND CARPET F Less Than Once Per Day	1-2 Times Per Day N/A	3-4 Times Per Day N/A	More Than 4 Times Per Day N/A							
	Process type RE Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day X N/A	1-2 Times Per Day N/A N/A	3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A							
	Process type RE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A	1-2 Times Per Day N/A N/A	3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A							
	Process type RE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A N/A	1-2 Times Per Day N/A N/A N/A	3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A							
	Process type RE Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day X N/A N/A	1-2 Times Per Day N/A N/A N/A	3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Day N/A N/A N/A							

.19 <u>BI</u>	Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.											
1	Process type REBOND CARPET PAD MFG. PROCESS											
	Work area #5											
	N/	Α	· · · · · · · · · · · · · · · · · · ·									
				·								
20	Indicate (X) how often you	perform each ho	usekeeping ta	isk used to cl	lean up routine							
. 20	Indicate (X) how often you leaks or spills of the lis separately for each process Process type REBO	ted substance. s type and work	Photocopy thi area.	s question an	ean up routine id complete it							
.20	leaks or spills of the lis separately for each proces	ted substance. s type and work	Photocopy thi area. MFG. PROCE	s question an	ean up routine d complete it							
.20	leaks or spills of the lis separately for each process Process type REBO	ted substance. s type and work	Photocopy thi area. MFG. PROCE	s question an	ean up routine d complete it More Than 4 Times Per Day							
. 20	leaks or spills of the lisseparately for each process Process type REBO Work area	tted substance. s type and work ND CARPET PAD Less Than	Photocopy this area. MFG. PROCE 1-2 Times	ESS #5	More Than 4							
.20	leaks or spills of the lisseparately for each process Process type REBC Work area	Less Than Once Per Day	Photocopy this area. MFG. PROCE 1-2 Times Per Day	#5 3-4 Times Per Day	More Than 4							
20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping	Less Than Once Per Day N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A	#5 3-4 Times Per Day N/A	More Than 4 Times Per Da							
.20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming	Less Than Once Per Day N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A	#5 3-4 Times Per Day N/A N/A	More Than 4 Times Per Day N/A N/A							
.20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A N/A	#5 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A							
.20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A	#5 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A							
20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A N/A	#5 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A							
20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A N/A	#5 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A							
.20	leaks or spills of the lisseparately for each process Process type REBO Work area Housekeeping Tasks Sweeping Vacuuming Water flushing of floors	Less Than Once Per Day N/A N/A N/A	Photocopy this area. MFG. PROCE 1-2 Times Per Day N/A N/A N/A	#5 3-4 Times Per Day N/A N/A N/A	More Than 4 Times Per Da N/A N/A N/A							

and complete it separately for each process type. Process type REBOND CARPET PAD MFG. PROCESS										
Stream ID Code	Control Technology	Percent Effici								
7E	CONTAINMENT	U.K								
7F	CONTAINMENT	U.K.								
FC	CONTAINMENT	U.K.								
7L	CONTAINMENT									
70	N/A	N/A								
	_									
_										

[_] Mark (X) this box if you attach a continuation sheet.

10.09 <u>CBI</u> [_]	Point Source Emissions — Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.									
	Process type	RE	BOND CARPET PAD MFG. PROCESS							
	Point Source ID Code		Description of Emission Point Source							
	7Q		EXHAUST FAN							
		•								

Mark (X)

this

yoq

if

REBOND CARPET PAD MFG. PROCESS

Point Source ID Code	e Physical	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximu Emissi Rate Durati (min/ev
_7Q	<u></u>	.01	250	360	.00001	.00003	30,000	. 3
					-			
						-		
								
					-			

	_							****
								
¹Use	the followir Gas; V = Var	ng codes to des por; P = Partic	ignate physica ulate; A = Aer evel of emissi	cosol; 0 = 0th	e point of reer (specify)	elease:		

REBOND CARPET PAD MFG. PROCESS

11	Stack Parameters Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.											
]	Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)	Building Width(m) ²	Ven Typ				
	7Q	10	1	26	6.4	_8.8	15	н_				
		•					•					
	<u> </u>											
						V-10-11-11-11-11-11-11-11-11-11-11-11-11-						
	¹ Height o	f attached	or adjacent	building								
	² Width of	attached o	or adjacent	building								
	³ Use the	following o	codes to des	ignate vent	type:							
	H = Hori V = Vert											

[_]	Mark (X)	this box	if you	attach a	continuation	sheet.	

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

[_]	Process type	REBOND CARPET PAD MFG	G. PROCESS	_
		year that the listed substance		*

	Number	of Compos of Lister		Service by ce in Pro		
Equipment Type	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals ¹						
Packed	N/A	N/A	N/A	N/A	N/A	N/A
Mechanical	N/A	N/A	N/A	N/A	N/A	4
Double mechanical ²	N/A	N/A	N/A	N/A	N/A	N/A
Compressor seals ¹	N/A	N/A	N/A	N/A	N/A	N/A
Flanges	N/A	N/A	N/A	N/A	N/A	4
Valves						
Gas ³	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	10
Pressure relief devices ⁴ (Gas or vapor only)	N/A	N/A	N/A	N/A	N/A	N/A
Sample connections						
Gas	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	N/A
Open-ended lines ⁵ (e.g., purge, vent)						
Gas	N/A	N/A	N/A	N/A	N/A	N/A
Liquid	N/A	N/A	N/A	N/A	N/A	N/A

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

	Mark	(X)	this	pox	if	you	attach	а	continuation	sheet
--	------	-----	------	-----	----	-----	--------	---	--------------	-------

t Type ls	Leak Detection Concentration (ppm or mg/m³) Measured at Inches from Source	Detection Device		Repairs Initiated	Repairs Completed
			(per year)	detection)	(days after initiated)
	N/A	N/A	N/A	N/A	N/A
ical	N/A	N/A	N/A	N/A	N/A
mechanical	N/A	N/A	N/A	N/A	N/A
or seals	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
					•
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
s (gas	N/A	N/A	N/A	N/A	N/A
onnections					
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
ed lines					
	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	N/A
	ed lines following co	N/A N/A N/A relief s (gas or only) N/A onnections N/A odes to designate	N/A N/A N/A N/A N/A N/A relief N/A s (gas N/A or only) N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A Portable organic vapor analyzer	N/A N/A N/A N/A N/A N/A N/A N/A N/A relief s (gas or only) N/A N/A onnections N/A N/A N/A N/A N/A N/A N/A ed lines N/A N/A N/A N/A N/A N/A N/A following codes to designate detection device: Portable organic vapor analyzer	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A relief s (gas or only) N/A N/A N/A onnections N/A N/A N/A N/A relief s (gas N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A

 Ξ

this

xod

10.16 CBI	Raw Material, Intermediate and Product Storage Emissions Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).													
_				_					Operat-	-				
[]					Vessel	Vessel	Vessel		ing					
		Floating	Composition	Throughput	Filling	Filling	Inner	Vessel	Vessel	Vessel	Design	Vent	Control	Basis
	Vessel	Roof	of Stored	(liters	Rate	Duration	Diameter	Height	Volume	Emission .	Flow	Diameter	Efficiency	for
	Type ¹	Seals ²	Materials ³	per year)	(gpm)	(min)	<u>(m)</u>	<u>(m)</u>	(1)	Controls4	<u>Rate</u>	<u>(cm)</u>	(%)	Estimate ⁶
	F	N/A	33%	125,946	20	30	1.2	1.2	3,78	5 N/A	N/A	1.27	N/A	N/A
ĺ														

30

F = Fixed roof

N/A

CIF = Contact internal floating roof

33%

125,946

20

NCIF = Noncontact internal floating roof

EFR = External floating roof

P = Pressure vessel (indicate pressure rating)

¹Use the following codes to designate vessel type:

H = Horizontal

U = Underground

²Use the following codes to designate floating roof seals:

N/A

N/A

MS1 = Mechanical shoe, primary

1.2 1.2 3,785 N/A N/A 1.27

MS2 = Shoe-mounted secondary

MS2R = Rim-mounted, secondary

IM1 = Liquid-mounted resilient filled seal, primary

LM2 = Rim-mounted shield

LMW = Weather shield

VM1 = Vapor mounted resilient filled seal, primary

VM2 = Rim-mounted secondary

VMW = Weather shield

C = Calculations

S = Sampling

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency: